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(Re	equestor's Name)		
(Ad	ldress)		_
(Ad	ddress)		_
(Cit	ty/State/Zip/Phone	#)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	e)	-
(Do	ocument Number)	***	
Certified Copies	_ Certificates	of Status	_
Special Instructions to	Filing Officer:		
			-
			_]

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: AMASON Condominions, Inc. Name of Corporation		
DOCUMENT NUMBER: NO7 00000 4443		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person		
Name of Contact Person		
AMASON Condominiums, Inc		
Firm/Company		
P. O. BOX 290 Address		
Address		
LAKE WORTH, FL 33463 City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

15.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Amason Condominums, Inc.
2. The principal office address: 1000 10th AVENUE SOUTH LAKE WORTH, FL 33460
3. The mailing address (if different): P, O, BOX 290 LAKE WORFH, FL 33460
4. Date of incorporation/qualification: 5/2/07 Document number: NOTUOOOU 4-4-43
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ARTHUR TORVELA (RESIGNED IN 2012)
430 SOUTH C STREET
LAKE WORTH, FL 33460
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ANNE LINDSEY
150 LAKE MERYL DR. #240
WEST PALM BEACH FL 33411. WIT
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so-authorized by the board, or the corporation has been notified in writing of the change.
anny Lindsey ANNE LINDSEY SEC. Signature of an officer or director Printed or typed name and title?
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Anne Links 13-36-16 Signature of Registered Agent Date
If signing on behalf of an entity:
ANNE LINDSEY Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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