# 713079

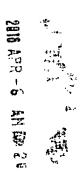
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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations



Name of Corporation

DOCUMENT NUMBER: 713079

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:

#### Michael Mattiace

Name of Contact Person

#### The Galleon Condominium Apts. Inc.

Firm/Company

4100Galt Ocean Dr.

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

### office@thegalleon.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Mattiace

<sub>.</sub>,954 \ 563-24

Name of Contact Person

Area Code & Daytime Telephone Number

Part Post of the Part of the P

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

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

statement of change is sul	omitted for a corporation orga	502, 607.1508, or 617.1508, Florida anized under the laws of the State of stered agent, or both, in the State of	Florida
1. The name of the corpor	ation: The Galleon Con	ndominium Apts. Inc.	
2. The principal office add	lress: 4100 Galt Ocean	Dr. Fort Lauderdale, FL 3	3308
3. The mailing address (if	different):		
4. Date of incorporation/q	ualification: July 19, 196	Document number: 71307	79
	dress of the current registered State: (If resigned, enter resign	l agent and registered office on file w	rith the
Edwar	d R. Rumin, Esq.		
Resign	ned		2016
(if changed):	dress of the new registered ag	gent (if changed) and /or registered of	ffice L
1200P	ark Central Blvd Sout	th	44.3 E
Pompa	P.O. Box NO ano Beach FL 33064	OT acceptable	
The street address of its r as changed will be identiced	egistered office and the stree	et address of the business office of it	s registered agent,
Such change was authorized by the board,	ed by resolution duly adopte or the corporation has been n	ed by its board of directors or by an lotified in writing of the change.	officer so
Signature of an office	er or director	Robert C. Korn Board P	
I further agree to comply performance of my duties agent. Or, if this docume hereby confirm that the co	with the provisions of all sta , and I am familiar with and nt is being filed merely to rej orporation has been notified	and agree to act in this capacity.  Itutes relative to the proper and con accept the obligation of my position flect a change in the registered offic in writing of this change.  3/23/2018	aplete n as registered ce address, I
If signing on behalf of an	entity:	Date	

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