Current Mai	ling Address:			
8320 W. SU #207	NRISE BLVD.			
PLANTATIO	N, FL 33322			
FEI Number: 26-1175792			Certificate of Status Desired: No	
Name and A	Address of Current Registered Ager	nt:		
LAW OFFICE C 8551 WEST SL 102 PLANTATION,	-			
The above name	d entity submits this statement for the purpose of cha	nging its registered office or regis	terred energy on both in the Otete of Fla	
SIGNATURE: NICHOLAS SADAKA			tered agent, or both, in the State of Fio	rida.
SIGNATURE			tered agent, or both, in the State of Flo	rida. 04/28/2017
SIGNATURE			tered agent, or both, in the state of Ho	
SIGNATURE Officer/Dire	EIEctronic Signature of Registered Agent		tered agent, or both, in the State of Fio	04/28/2017
	EIEctronic Signature of Registered Agent	Title	DT	04/28/2017
Officer/Dire	EIECTRONIC SIGNATURE OF REGISTERED Agent			04/28/2017
<b>Officer/Dire</b> Title	EIECTRONIC SIGNATURE OF REGISTERED AGENT CTOR Detail : DP	Title	DT	04/28/2017
<b>Officer/Dire</b> Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : DP MAZAR, SHIMON	Title Name Address	DT LEVY, ANDREW	04/28/2017
<b>Officer/Dire</b> Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : DP MAZAR, SHIMON 8320 W. SUNRISE BLVD. #207	Title Name Address	DT LEVY, ANDREW 8320 W. SUNRISE BLVD. #207	04/28/2017
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : DP MAZAR, SHIMON 8320 W. SUNRISE BLVD. #207 PLANTATION FL 33322	Title Name Address	DT LEVY, ANDREW 8320 W. SUNRISE BLVD. #207	04/28/2017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: SHIMON MAZAR

City-State-Zip: CORAL GABLES FL 33146

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N0600009017

## Entity Name: INVERRARY ON THE LAKE CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

8320 W. SUNRISE BLVD. #207 PLANTATION, FL 33322

04/28/2017

# FILED Apr 28, 2017 Secretary of State CC5358369915

Date