## 262311

(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
_	<del></del>	<del></del>	
(Business Entity Name)			
(Document Number)			
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Special Instructions to	Filing Officer:		
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## A LAW FIRM DEVOTED PRIMARILY TO THE REPRESENTATION OF COMMUNITY ASSOCIATIONS



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Director of Operations
CORBYN A. GRILCO

Director of Chent Services
MONICA VILLE

Firm Administrator

PAT HIRMON W/condo.hoa/CLIENTS/Sea Edge, IncUNFO.ASC/Lir to Div of Corp re change of reg ag - 1-29-09.wpd

DDB:dts

cc:

Enclosures

**Board of Directors** 

January 29, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: THE SEA EDGE, INC.
Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN-GARFINKEL

Donna D. Berger, Esq

Managing Partner

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

Pursuant to th	e provisions of sections 607.0502,	, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of	· · ·	ration organized under the laws of the State of istered office or registered agent, or both, in the State
of Florida.		
1. The name of	f the corporation: THE SEA EDGE,	INC.
2. The principa	al office address: 2076 S. OCEAN [	DR -A1A-, HALLANDALE FL 33009
3. The mailing	address (if different): SAME	
4. Date of inco	rporation/qualification: 08/29/19	Document number: 262311
	nd street address of the current registartment of State:	Document number: 262311
	ROME, JAMES	SE T
	2076 S OCEAN DRIVE, #402	E S
	HALLANDALE FL 33009 US	ORITE
6. The name a changed):	and street address of the new regis	stered agent (if changed) and /or registered office (if
	1501 NORTHWEST 49TH STREE	T, SUITE 202
	FORT LAUDERDALE, FLORIDA	•
The street addragent, as change	ress of its registered office and the ged will be identical.	street address of the business office of its registered
//oloy//	vas authorized by resolution duly a the board, or the corporation has been been considered to the board)	dopted by its board of directors or by an officer so een notified in writing of the change.  (BELT N- 1-15 CHEL SIDENT)  (Printed or typed name and title)
I further agree perform <del>ance o</del>	to comply with the provisions of a familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as iled merely to reflect a change in the registered attion has been notified in writing of this change.
	Signature of Registered Agent)	- 3/09 (Date)
`	5	(Saw)
If signing on behalf of an entity:  DONNA D. BERGER, ESQUIRE  MANAGIF		MANAGING PARTNER
(Typed or Printed Name)		(Capacity)

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