

709663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

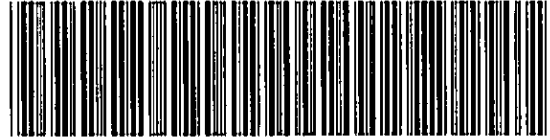
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/20--01019--018 **35.00

2020 JUN -2 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2020



Kenneth S. Direktor, Esq.
Shareholder
Board Certified Specialist, Condominium and
Planned Development Law
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Becker & Poliakoff
1 East Broward Blvd.
Suite 1800
Ft. Lauderdale, FL 33301

May 29, 2020

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: La Bonne Vie Condominium Apartments, Inc.
Document Number: 709663

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #3753 in the amount of \$35.00 made payable to the Division of Corporation to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Direktor", written over a horizontal line.

Kenneth S. Direktor
For the Firm

KSD/ar
Enclosures

cc: La Bonne Vie Condominium Apartments, Inc.
c/o Board of Directors

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: LA BONNE VIE CONDOMINIUM APARTMENTS, INC.

2. The principal office address: 3475 S.OCEAN BLVD.
PALM BEACH, FL 33480

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/28/1965 Document number: 709663

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)

ASSOCIATED CORPORATE SERVICES LLC

6111 BROKEN SOUND PARKWAY, 200

BOCA RATON, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

BECKER & POLIAKOFF, P.A.

1 EAST BROWARD BOULEVARD, SUITE 1800

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

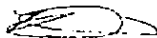
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

RONALD CHAMPAGNE

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.*



5/29/2020

Signature of Registered Agent

Date

If signing on behalf of an entity:

Kenneth S. Direktor

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

CR2E045 (03/12)

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