710130

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

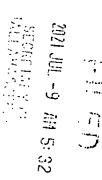




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[7] [1] [1]: [1][[7]: [1]: ** [1][[1]

07/30/2021 JH



COVER LETTER

Tallahassec. FL 32301

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

	•	. 617.0502, 607.1508, or 617.1508, Flo ion organized under the laws of the Sta	
in orde	r to change its registered office	or registered agent, or both, in the Sta	te of Florida.
1. The name of (the corporation: THE BARC	LAY ARMS CONDOMINUM	APARTMENTS, INC
2. The principal	office address: 11441 INTE	RCHANGE CIRCLE SOUTH	, MIRAMAR, FL 3302
3. The mailing a	address (if different): 2500 HC	DLLYWOOD BLVD., STE 310, F	IOLLYWOOD, FL 3302
4. Date of incor	poration/qualification: 12/29/	Document number: 7	10130
	i street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on er resigned)	file with the
	MY MVP PROPERTY	MANAGEMENT	
	11441 INTERCHANG	E CIRCLE SOUTH	
	MIRAMAR. FL 33025		: 129
 The name and street address of the new regis (if changed): 		tered agent (if changed) and /or registe	red office COR
	WASSERSTEIN, P.A.		<u> </u>
	301 YAMATO ROAD.	SUITE 2199	
		O Box NOT acceptable	. က်
	BOCA RATON, FL 33	431	
The street address changed will	ess of its registered office and t be identical.	he street address of the business offic	e of its registered agent,
Such change was authorized by t	as authorized by resolution dul- he board, or the corporation has	y adopted by its board of directors or is been notified in writing of the chang Steve Kiriak	by an officer so ge. akis
2	k.k.	Treasure Printed or typed name	r
I hereby accept I further agree performance of agent, 3Or, if th	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity of all statutes relative to the proper and its and accept the obligation of my postly to reflect a change in the registered notified in writing of this change.	ly. nd complete osition as registered
	WWX	6/3/2021	
U Signing on he	muture of Registered Agent	Date	
	chalf of an entity:		
	ASSERSTEIN yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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