713723

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100337521211

13/79/19--01031--019 --05.00

A CALL LANGUAGE

18 DEC -6 NH 1:13

FILED

ERT L. KAYE, BUS* HAELS BENDER, BUS* REY A. REMBAGM, BUS*

REW B. BLACK, BCS *
WN G. BROWN, BCS *
ARD S. COLLINS
ER C. MOLLENGARDEN, BCS *
ORAH S. SUGARMAN

HELLI, M. BRENNAN CIA L. CATO LY E. GANNON REY D. GREEN ISON L. HERTZ, B C S * S. LEVIN REN T. SCHWARZEELD INA N. SKEIE

STIN HENZE, OF COUNSEL A. MAGRIL, B.C.S.*, OF COUNSEL



Serving clients throughout Florida

REPLY TO:

Palm Beach Gardens Office:

9124 N. Military Trail, Suite 200 Palm Beach Gardens, FL 33440 Tel: (561) 241-4462 Fax: (561) 223-3957 PMollengarden(a KBKLegal,Com

 *Board Certified Specialist in Condominium and Planned Development Law

December 4, 2019

VIA REGULAR U.S MAIL

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

RE: Queen's Cove House Condominium Co., Inc.

Dear Sir/Madam:

This firm represents Queen's Cove House Condominium Co., Inc. (the "Association"). Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding the Association (Document No.: 713723). Also enclosed is check No. 662 in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards

KATEBENDER RIMBAUM.

Peter C. Möllengarden, Esq. For the Firm

PCM/kmw Enclosures

uonal Office Locations:

vard County: Park Central Blvd, South Pano Beach, Fl. 88064 #54,928,0680 Fax 954,772 0819 MIAMI-DADE County: SATELLETE OFFICES BY APPOINTMENT ONLY HILLSBOROUGH County:

1211 N. Westshore Blvd, Suffe 409 Tampa, Fl. 38607 Tell 818,875,0781 Fax 818,252,8057

COVER LETTER

TO: Amendment Section Division of Corporations Queen's Cove House Condominium Co., Inc. Name of Corporation 713723 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: Tana Callahan Name of Contact Person Howe, Inc. Firm/Company 1500 Gateway Blvd., Suite 220 Boynton Beach, FL 33426 City/State and Zip Code info@howemanagement.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tana Callahan Name of Contact Person

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	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida ange its registered office or registered agent, or both, in the State of Florida.
1. The name of the corp	poration: Queen's Cove House Condominium Co., Inc.
2. The principal office	address: 5540 N. Ocean Blvd.
Ocean Ridge,	FL 33435
3. The mailing address	(if different): Howe, Inc. 1500 Gateway Blvd., Suite 220
Boynton Bea	ch, FL 33426
4. Date of incorporation	n/qualification: 11/30/1967 Document number: 713723
	address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)
Moll	engarden, Peter
912	1 North Military Trial, Suite 200
Paln	n Beach Gardens, FL 33410
(if changed):	address of the new registered agent (if changed) and /or registered office
1200	0 Park Central Blvd. South
	P.O. Box NOT acceptable
Pom	pano Beach, FL 33064
The street address of i as changed will be ide	ts registered office and the street address of the business office of its registered agent, ntical.
Such change was authorized by the boar	orized by resolution duly adopted by its board of directors or by an officer so d, br the corporation has been notified in writing of the change.
Signature of an o	Eugene D'Alessondro Presiduit Printed optyped name and title
I hereby accept the ap I further agree to com performance of my du agent. Or, if this door hereby confirm that th	pointment as registered agent and agree to act in this capacity, plywith the provisions of all statutes relative to the proper and complete ties, and I am familiar with and accept the obligation of my position as registered fment is being filed merely to reflect a change in the registered office address, I be corporation has been notified in writing of this change.
Signature of	Registered Agent Date
If signing on behalf of	fan entity:
Peter C. Molleng Typed or P Kaye Bale	rinted Name / Comme p. L. / Comme *** 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)