## 713811

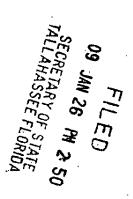
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change its submitted for a corporation organized under the laws of the State of Florida A in order to change its registered affice or registered agent, or both, in the State of Florida
1. The name of the corporation: PORTOFIND CONDOMINIUM APARTMENTS OF PALM
2. The principal office address: 1600 NORTH FLAGUER DRIVE DEAC
WEST TAUM DEACH PL 33401
3. The mailing address (if different): SAME AS ABOUE
4. Date of incorporation/qualification: 12 18 1967 Document number: 7138.11
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAMES N. KRIVOK
DICKER KRIUDK & STOLOFF PA
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PARKWAY
(P.O. Box. NOT screpuble) WESTON, FL 33326
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.
RAYMOND MILLS- JOHNSON, PRESIDENT
Thereby 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. Thereby confirm that the corporation has been notified in yelling of this change.
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: 535.00 * * *
MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 3233

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