## 714023

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Duning of the Name)	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

COVER LETTER	** <b>, ~</b>	
TO: Amendment Section Division of Corporations	2010 JAN 16 A	ሽይ is
SUBJECT: MARINE TOWER CONDOMINION, INC.  Name of Corporation		
DOCUMENT NUMBER: 714023		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to the following:		
LORA L BURKE  Name of Contact Person		
Name of Contact Person		
MARINE TOWER CONDOMINIUM, INC Firm/Company	<del></del>	
2500 E LAS OLAS BLUD		
2500 E LAS OLAS BLUD Address		
FURT LAUDERDALE, F4 33301 City/State and Zip Code		
Lora e marine tower 2500, com  E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
LORA L BURKE at ( 954 ) 463	- 0333	
Name of Contact Person Area Code & Daytim	e Telephone Number	
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 Sec Division of Corp Clifton Building	porations	

Tallahassee. FL 32301

## 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: MARINE TOWER CONDOMINIUM, INC.
2. The principal office address: 2500 E. LAS OLAS BWA.
FORT LAUDERDALE, FL 33301
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/29/1968 Document number: 714023
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)
DAVID H. KRAMER
2500 E. LAS OLAS BLND. (OFFICE)
FORT LAUDERDALE, F4 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LORA L BURKE
2500 E. LAS GLAS BLUD. (OFFICE 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.
Balkua Wallett Overnan BARBARA I HAUETI OVERHAN, SECRETARY Signifiure of an officer or director  BARBARA I HAUETI OVERHAN, SECRETARY
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.
Sora Buske hu 9 2016
Signature of Registered Agent Date?
If signing on behalf of an entity:
Typed or Printed Name

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