714978

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



RECEIVED

APR 3 0 2021

05/03/21--01006--011 (**35.00

FILED 2021 APR 30 AM 10: 17 SECRETARY OF STATE TALLAHASSEE. FL

4/14/21



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: Seminole Condominium Association, Inc.

2. The principal office address: 20 Celestial Way, Juno Beach, FL 33408-2338

3. The mailing address (if different): same as above

Document number: 714978 4. Date of incorporation/qualification: 07/22/1968

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)

Levine, Jay S.

2500 North Military Trail, Suite 490

Boca Raton, FL 33431

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

Florida Association Attorneys

11891 U.S. Highway 1 North #100

P.O. Box: NOT acceptable

North Palm Beach, FL 3340S

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 anthorized by the board, or the corporation has been notified in writing of the change.

1 harren of an officer or director

Mis

APR 30 AM 10:

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, I hereby confirm that the corporation has been notified in writing of this change.

atig of Reg ifered Agent

If signing on behalf of an entity:

4/15/21

Brance Goja-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 CR2E015 (04/13)