715793

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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SECRETARY OF STATE

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COVER LETTER

то:	Amendment Section Division of Corporations		
SUBJI	ECT: Riverside Terrace Condominio (Name of Co	um, Inc.	
DOCU	JMENT NUMBER: 715793		
The en	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
Jackie Headley (Name of Contact Person)			
	(Number Con	ruet i erson)	
Exclusive Property Management			
	(Firm/Co	mpany)	
1280 SW 36 Avenue, Suite 301 (Address)			
	·	·	
	Pompano B	each, FL 33069 d Zip Code)	
	(City/State an	id Zip Code)	
For fur	rther information concerning this matter, please c	all:	
	Jackie Headley (Name of Contact Person)	_ at (954) 969-1330 (Area Code & Daytime Telephone Number)	
Enclos	ed is a \$35.00 check made payable to the Departs	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		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: Riverside Terrace Condominium, Inc.		
2. The principal office address: 615 N. Riverside Drive, Pompano Beach, FL 33062		
3. The mailing address (if different): 1280 SW 36 Avenue, #310, Pompano Beach, FL 33069		
4. Date of incorporation/qualification: 12/31/1968 Document number: 715793		
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)		
Becker & Poliakoff, P.A.		
3111 Stirling Road		
Fort Lauderdale, FL		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Shendell & Associates; P.A.		
3650 North Federal Highway, Suite 202 (P.O. Box NOT acceptable)		
Lighthouse Point, FL 33064		
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.		
Jenn Oshinel Pres Jenny Oshinski Pres (Printed or typed name and title)		
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.		
(Signature of Registered Agent) (Signature of Registered Agent) (Date)		
If signing on behalf of an entity: Tamat Duffner Shendell (Typed or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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