717204

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPORALIONS
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COVER LETTER

| TO: | | ent Section of Corporations | | • | | | |
|--|--|--------------------------------|-----------------------------|------------------------------|------------------------------|--|--|
| SUBJECT: Meadowbrook Towers Condominium "E", Inc. Name of Corporation | | | | | Inc. | | |
| DOCU | MENT N | UMBER: | | · '17204 | | | |
| | | - , | of Registered Office | Agent and fee are sub | mitted for filing | | |
| | | | cerning this matter | _ | minou ioi ming. | | |
| 1 icase i | oturn un c | orrespondence co. | iconning and matter | to the following. | | | |
| | | | Anthony S. A Name of Cor | delson, Esq. ntact Person | | | |
| | | | Anthony S. A | delson, P.A. | | | |
| | | | Firm/Co | mpany | | | |
| | | | | | | | |
| | | 5 | | Drive, Suite 203 | | | |
| | | | Add | ress | | | |
| | | | | | | | |
| | Hallandale Beach, FL 33009 City/State and Zip Code | | | | | | |
| | | | City/State an | a 21p code | | | |
| | | | anthony@adelso | | | | |
| | | E-mail address | : (to be used for fi | uture annual report n | otification) | | |
| For fur | ther inforn | nation concerning | this matter, please o | all: | | | |
| | | Anthony S. Adel | | at (954) | 458-9238 | | |
| | N | ame of Contact Per | rson | Area Code & Da | ytime Telephone Number | | |
| Enclose | ed is a \$35 | .00 check made pa | yable to the Depart | ment of State. | | | |
| | | Mailing Ad Amendme | dress: nt Section | Street Addr Amendmen | | | |
| | | | f Corporations | | Corporations | | |
| | | P.O. Box (| 5327 c, FL 32314 | Clifton Bui | lding itive Center Circle | | |
| | | i alianasse | C, FL 32314 | Zooi Execu Tallahassee | | | |

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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, o statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or | laws of the State of Florida |
|--|--|
| 1. The name of the corporation: Meadowbrook Towers Cor | • |
| 2. The principal office address: 619 NE 14th Avenue | |
| Hallandale Beach, FL 33009 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 09/18/1969 Docume | ent number: 717204 |
| 5. The name and street address of the current registered agent and regist Florida Department of State: (If resigned, enter resigned) | tered office on file with the |
| Yesenia Ortega | |
| 2450 Hollywood Blvd., Suite 100 | |
| Hollywood, FL 33020 | |
| 6. The name and street address of the new registered agent (if changed) (if changed): | and /or registered office |
| Anthony S. Adelson, P.A. | |
| 501 Golden Isles Drive, Suite 203 | 10 PH 1: |
| P.O. Box NOT acceptable | PH (POR |
| Hallandale Beach, FL 33009 | |
| The street address of its registered office and the street address of the as changed will be identical. | e business office of its registered agent |
| Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in writing | of directors or by an officer so ing of the change. |
| Signature or an afficer or director | KLEINMAN PRESIDENT |
| I hereby accept the appointment as registered agent and agree to ac I further agree to comply with the provisions of all statutes relative to fmy duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change. | t in this capacity. to the proper and complete performance position as registered agent. Or, if this office address, I hereby confirm that the |
| Signature of Registered Agent | Date |
| If signing on behalf of an entity: | • |
| Anthony S. Adelson Typed or Printed Name | |

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