717409

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| | | _ |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| · (Do | cument Number) | · |
| Ų. | , | |
| Certified Copies | _ Certificates | of Status |
| | | · · · · · · |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400054724404



05/23/05--01044--006 **35.00

Poch9 S/24

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Polling Green Condominium A, Inc. (Name of corporation) | | | |
| DOCUMENT NUMBER: 717409 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| David L. Brough (Name of contact person) | | | |
| Brough, Chadrow & Lewine, P.A. (Firm/Company) | | | |
| 1900 N. Commerce Parkway (Address) | | | |
| Weston, FL 3332 Lo (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | |
| (Name of contact person) at (954) 384-0732 (Area code & daytime telephone number) | | | |
| (Name of contact person) (Area code & daytime 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 Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607. | | | | |
|---|--|--|--|--|
| Matement of change is submitted for a corporation organized up in order to change its registered office or registered ag | • | | | |
| 2) 11 10 Ca | A = A = A = A = A = A = A = A = A = A = | | | |
| 1. The name of the corporation: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | IN CONDOMINIUM H. LNC. | | | |
| 2. The principal office address: 101 KLE | 191 at | | | |
| 3. The mailing address (if different): 34ME 4/ | 2014 33111 | | | |
| 5. The maining address (if different). | | | | |
| 4. Date of incorporation/qualification: | Document number: 717409 | | | |
| 5. The name and street address of the current registered agent ar Florida Department of State: | nd registered office on file with the | | | |
| Brough, Chadrows L | evine, P.A. | | | |
| Brough, Chadrows L 2700 S. Commerce | Parkway, ste 305-13 1 | | | |
| Weston, FL 33331 | The same of the sa | | | |
| 6. The name and street address of the new registered agent (if changed): | nanged) and /or registered office | | | |
| Brough, Chadrow & L | evine, P.A. | | | |
| Global Commerce | Center 7 | | | |
| 1900 North Commerce | 1900 North Commerce Parkway | | | |
| Weston, FL 333 | 26 | | | |
| The street address of its registered office and the street address as changed will be identical. | s of the business office of its registered agent, | | | |
| Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified | board of directors or by an officer so in writing of the change. | | | |
| Advisor of an option of directory | EATRICE & Byrd - Fresident + (Printed or typed name and title) | | | |
| I hereby accept the appointment as registered agent and agre I turther agree to comply with the provisions of all statutes re if my duties, and I amplamiliar with and accept the obligation document is being fifth merely to reflect a change in the regis corporation has been notified in writing of this change. | e to act in this capacity. lative to the proper and complete performance t of my position as registered agent. Or, if this tered office address, I hereby confirm that the | | | |
| Suphature of Registered Agent) | 5/ 19/(Date) | | | |
| If signing on behalf of an entity: | 1 | | | |
| David L. Brough | | | | |

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