## 717442

| (Requestor's                       | Name)                |
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| PICK-UP V                          | VAIT MAIL            |
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| (Business E                        | ntity Name)          |
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| (Document )                        | Number)              |
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| Certified Copies Ce                | etificates of Status |
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| Special Instructions to Filing Off | îc <b>e</b> r:       |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: FAIRVIEW ASSOCIATION II AND III, INC.

Name of Corporation

DOCUMENT NUMBER: /1/442

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:

## DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

\_,561

288-3999

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
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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

| Pursuant to the provis  | ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this   |  |
|---|---|--|
| statement of change is  | s submitted for a corporation organized under the laws of the State of FLORIDA  |  |
| in order to ch  | ange its registered office or registered agent, or both, in the State of Florida.   |  |
| 1. The name of the cor  | Poration: FAIRVIEW ASSOCIATION II AND III, INC.   |  |
| 2. The principal office   | principal office address: 2501-2525 WEST GOLF BLVD, POMPANO BEACH, FL 330   |  |
|   |   |  |
| 3. The mailing address  | (if different): 2525 WEST GOLF BLVD, #121, POMPANO BEACH, FL 3306   |  |
| 4. Date of incorporation  | n/qualification: 10/27/1969 Document number: 717442   |  |
|   | address of the current registered agent and registered office on file with the of State: (If resigned, enter resigned)  |  |
| VAL   | ANCY & REED, P.A.   |  |
| 310   | SE 13TH STREET  |  |
| FOR   | T LAUDERDALE, FL 33316  |  |
| 6. The name and stree (if changed):                               | address of the new registered agent (if changed) and /or registered office  |  |
| WA  | SSERSTEIN, P.A.   |  |
|   | Total Control of the |  |
| <u>301</u>  | YAMATO ROAD, SUITE 2199   |  |
| P.O.  | P.O. Box NOT acceptable   |  |
| <u> </u>  | A RATON, FL 33431   |  |
| -   | registered office and the street address of the business office of its registered agent,  |  |
| Such change was authauthorized by the boa                         | orized by resolution duly adopted by its board of directors or by an officer so d, or the corporation has been notified in writing of the change.   |  |
| Signature of an   | GLORIA GIAPPI (TATA SURER)  Printed or typed name and title   |  |
| I further agree to comperformance of my duagent. Or, if this docu | pointment as registered agent and agree to act in this capacity. If the provisions of all statutes relative to the proper and complete Ites, and I am familiar with and accept the obligation of my position as registered Innent is being filed merely to reflect a change in the registered office address, I If the corporation has been notified in writing of this change.   |  |
|   | Q·20·22  Russtered Agent Date   |  |
| If signing on behalf o  |   |  |
| DANIEL WASSI  | RSTEIN  |  |
|   | rinted 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

CR2E045 (03/12)