718995

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| | | |

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SEALL MASSES FL

SEB TO SUB

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

Tourisity

Name of Corporation

Tourisity

Name of Corporation

Name of Corporation

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
Name of Contact Person
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 provisions of sections 607.0502, 617.0502, 60 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 | |
| 1. The name of the corporation: EMERALD TOWER A | ASSOCIATION, INC. |
| 2. The principal office address: C/O SEACREST SER SUITE 110, WEST PALM BEACH, FL 3340 | |
| 3. The mailing address (if different): N/A | |
| 4. Date of incorporation/qualification: 8/12/1970 | Document number: 718995 |
| The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned) | and registered office on file with the |
| LAW OFFICE OF J.M. CUNHA, | ESQ |
| 601 HERITAGE DRIVE, SUITE | |
| JUPITER, FL 33458 | TALL A |
| 6. The name and street address of the new registered agent (i (if changed): | if changed) and /or registered office |
| WASSERSTEIN, P.A. | 199 SSE |
| 001 1700010 100 25, 001 12 200 | |
| P.O. Box NOT acc | eptable |
| BOCA RATON, FL 33431 | |
| The street address of its registered office and the street address changed will be identical. | iress of the business office of its registered agent, |
| Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notifi | y its board of directors or by an officer so ed in writing of the change. |
| Mail Julies of doctor | Mark Inveribe R |
| I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and acc agent. Or, if this document is being filed merely to reflect hereby donfigm that the corporation has been notified in w | to the obligation of my position as registered to change in the registered office address, I |
| Lennin | 9/4/19 |
| If signing on behalf of an entity: | g-repair. |
| DANIEL WASSERSTEIN | |
| Typed or Printed Name | |

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

MAKE CHECKS BAVABLE TO FLORIDA DEPARTMENT OF STATE