

720705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

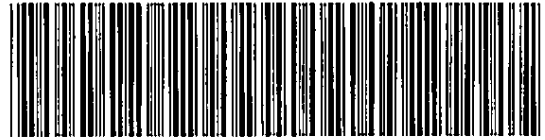
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG -9 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FL

**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: OLD PORT COVE CONDOMINIUM ASSOCIATION ONE, INC.
2. The principal office address: 11770 U.S. HIGHWAY 1, SUITE 501, PALM BEACH GARDENS, FL 33408
3. The mailing address (if different): 11770 U.S. HIGHWAY 1, SUITE 501, PALM BEACH GARDENS, FL 33408
4. Date of incorporation/qualification: 04/12/1971 Document number: 720705
5. 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)

SKRLD, INC.

201 ALHAMBRA CIRCLE, SUITE 1102

CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ASSOCIATED CORPORATE SERVICES, LLC

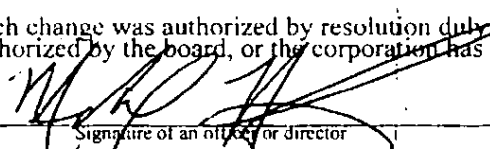
6111 BROKEN SOUND PARKWAY NW, SUITE 200

P.O. Box NOT acceptable

BOCA RATON, FL 33487

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.


Signature of an officer or director

Michael Neveglis - President
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.

Louis Caplan
Signature of Registered Agent

JULY 21, 2021

Date

If signing on behalf of an entity:

LOUIS CAPLAN, ESQ.
Typed or Printed 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 (04/13)