

721215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

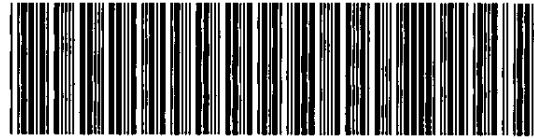
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
2016 SEP 19 PM 1:20

SEP 23 2016

(CLEW)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: High Point of Delray Beach Condominium Assoc. Sec.2, Inc.
Name of Corporation

DOCUMENT NUMBER: 721215

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:

~~Property Manager~~ **BOARD of DIRECTORS**

Name of Contact Person

High Point of Delray Beach Condominium Assoc. Sec.2, Inc.

Firm/Company

625 North Flagler Drive, 7th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

highpoint02245@yahoo.com

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

For further information concerning this matter, please call:

BOARD of DIRECTORS

~~Property Manager~~

561

243-9186

Name of Contact Person

at ()

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

**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: High Point of Delray Beach Condominium Assoc. Sec.2, Inc.

2. The principal office address: 245 High Point Blvd., Delray Beach, FL 33445

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 06/23/1971 Document number: 721215

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)

Becker & Poliakoff, PA

625 North Flagler Drive, 7th Floor

West Palm Beach, FL 33401

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

Associated Corporate Services, LLC

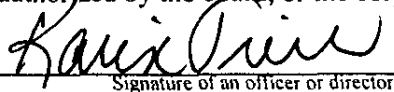
6111 Broken Sound Parkway NW, Suite 200

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.

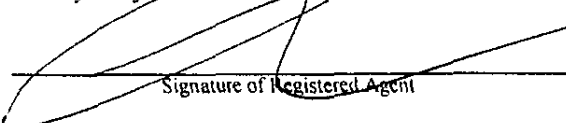


Signature of an officer or director

KARIN TRIDEL U.P.

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.



Signature of Registered Agent

September 6, 2016

Date

If signing on behalf of an entity:

Louis Caplan, Esquire

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 (03/12)

2016 SEP 19 PM 1:20
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE