721529

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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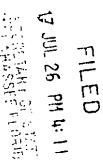


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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Allington Towers Condominium, Inc.

Name of Corporation

DOCUMENT NUMBER: 721529

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:

Randall K. Roger, Esq.

Name of Contact Person

Randall K. Roger & Associates, P.A.

Firm/Company

621 N.W. 53rd Street, Suite 300

Address

Boca Raton, Florida 33487

City/State and Zip Code

natalia@randallkroger.com

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

For further information concerning this matter, please call:

Randall K. Roger _{at (}561)98

Name of Contact Person Area Code & Daytime Telephone

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

statement of change i	istons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.	nis 	
	orporation: Allington Towers Condominium, Inc.		
	ce address: 1600 S. Ocean Drive, Management Office, Hollywood, Flo	orida	33019
3. The mailing address	ess (if different):		
4. Date of incorporati	tion/qualification: 8/16/197/ Document number: 72/529		
	tet address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned)	ar	
Bro	ough, Chadrow & Levine, P.A.	J. #	
	49 N. Commerce Parkway	JUL 26	FIL
	eston, Florida 33326	뫋	ED
6. The name and stree (if changed):	set address of the new registered agent (if changed) and /or registered office	F: 1	
Ra	andall K. Roger & Associates, P.A.		
62 ⁻	1 N.W. 53rd Street, Suite 300		
	P.O. Box NOT acceptable		
	oca Raton, Florida 33487		
The street address of as changed will be id	f its registered office and the street address of the business office of its registered dentical.	ed ager	n t,
Such change was aut authorized by the box	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.		
And y mature of al	UNI D San OY LUO TO Pripled or typed name and title /		
I further agree to con performance of my d agent. Or, if this doo	appoinsment as registered agent and agree to act in this capacity, imply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as regist ocument is being filed merely to reflect a change in the registered office address the corporation has been notified in writing of this change.	ered i, I	
Marlell	7/24/17		_
/ Signature If signing on behalf of	or registered Agent / Page		
	•		
Typed or	or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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