723772

(Re	questor's Name)	
(Ad	dress)	
——(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer;		

Office Use Only



600321028366

11/26/18--01012--003 **35.00

2018 NOV 26 PM 2: 00

0 001724 ft: -5 113

COVER LETTER

Division of Corporations
SUBJECT: Whitehall South Condominium Association, Inc.
DOCUMENT NUMBER: 723772
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:
Name of Contact Person Whitehall South Condo minium Association Firm/Company Form/Company
2800 S.Ocean Blvd. Address
Boca Raton F1. 33432 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (SQ1) 391-6371 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

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

Street Address: Amendment Section

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida. To change its registered office or registered agent, or both, in the State of Florida.
The name of t The principal	he corporation: Whitehall South Condominium Association, office address: 2800 S. Ocean BlvD. Fre. Boca Raten F1. 33432
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 06 29 1972 Document number: 723772
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Janet Jordan
	2800 S OCEAN BLVD BOCA RATON, FL 33432 AV 2
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	P.O. Box NOT acceptable Box Ratio (F1, 3343)
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
<i>!) .</i>	Setucyon To fan officer or director Server and title
	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete only duffes, and Lam familiar with and accept the obligation of my position as registered so document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. Sometiment as registered agent agent agent to the proper and complete only and complete only and complete only agent agent. Date of Registered Agent
If signing on beh	
	*** FILING FEE: \$35.00 * Code 6285 Date Paid 1/3/18
MA CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE 35.00 Check # 116/18