25399

(Requestor's Name)

GLAZER & ASSOCIATES, P.A. CORPORATE PLACE
1920 EAST HALLANDALE BEACH BLVD. SUITE 806 HALLANDALE, FLORIDA 33009

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STATEMENT OF CHANGE OF CORPORATE REGISTERED AGENT AND/OR CORPORATE REGISTERED OFFICE

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered agent, registered office or both, in the State of Florida.

1. SHAKER VILLAGE CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
2. The mailing address of the corporation 4780 N ST Rb 7 # E250
FORT CAUSELDALE, &L 33319
3.Date of incorporation/qualification: 01/30/1973 Document: 7 2 53 99
4. Name and address of registered agent and office currently on record with this office: KATLMAN & KORR P.A. 5581 W. ONKLAND PARK BIVD. DND FLOOR LANDERHILL, FL 3.3313
4. Name and address of registered agent and office currently on record with this office: KATLMAN & KORR P.A. 5581 W. ONKLAND PARK BIVD. DND FIOOR LANDER HILL, FL 3.3313 5. New registered agent and/or office address: Glazerand Associates, P.A. 1920 E. Hallandale Beach Blvd. Eight Floor Hallandale, FL 33009 (954) 455-1666
The street address of the registered office and the street address of the business office of the registered are identical. Such change was authorized by the board of directors or an office of the corporation by the board of directors.
(Signature of Chairman, Vice Chairman, or officer) (Date)
(Printed of typed name and address)
6. Signature of new registered agent, if applicable: Having been named as registered agent and to accept service of process for the above stated corporation, 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 completer performance of my duties, and I am familia with and accept the obligation of my position as registered agent. (Registered Agent accepting appointment) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) Glazer and Associates P.A. (Capacity)

Filling Fee: \$35.00

Make Checks payable to Florida Department of State and mail to Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314