## 726115

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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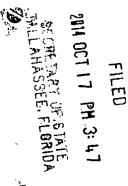
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RAChange

10/17/14--01010--008 \*\*35.00



10/28/14

## **COVER LETTER**

Division of Corporations		
SUBJECT: The Pronaissance of Pompano Beach 11, Unc		
DOCUMENT NUMBER: 59-1762470		
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:		
Cathy Alberti Name of Contact Person		
The Renaissance of Pompano Beach 11, Inc.		
1370 S. Ocean Blud. Address		
Pompano Beach, FL 33062 City/State and Zip Code		
E-mail address: (to be used for furtire annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number		
Maine of Contact Leison Area Code & Daytine Telephone Maintel		
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

CR2E045 (03/12)

AF 80 LANCOPERSON LINE

## 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 torids in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Renaissance of Fompano Beach 11, (nc. 2. The principal office address: 1370 South Ocean Blud.  Pompano Beach, FL 33062
3. The mailing address (if different):
4. Date of incorporation/qualification: 1979 Document number: 59-176 a 470
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)  Martin Abrans (Resigned)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Car los Kope Cny  1370 S. Ocean Blvd.  Pompano Beach, FL 33062
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 hoard, or the corporation has been notified in writing of the change.  NA CLASCIA  Signature of an officer or director  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 daies, 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 10/2/2014  Date
If signing on behalf of an entity:
CARLOS KORCAY  Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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