

727630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

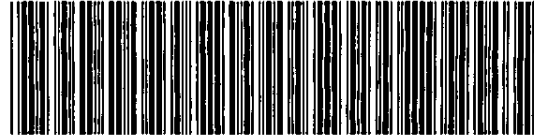
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100287512781

07/06/16--01008--011 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUL 20 P 4:13

FILED

JUL 23 2016  
T. LEMLEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charolai's Condominium Villas, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 727630

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:

Juani McCormick

Name of Contact Person

Reliant Association Solutions, LLC

Firm/Company

751 Park of Commerce Dr., #116

Address

Boca Raton, FL 33487

City/State and Zip Code

juani@reliantassocolutions.com

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

For further information concerning this matter, please call:

Juani McCormick

Name of Contact Person

at ( 561 ) 362-2928

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2016

JUANI MCCORMICK  
751 PARK OF COMMERCE DR #116  
BOCA RATON, FL 33487

SUBJECT: CHAROLAI'S CONDOMINIUM VILLAS, INC.  
Ref. Number: 727630

16 JUL 25 PM 5:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CHAROLAI'S CONDOMINIUM VILLAS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 016A00014372

*Please see attached signed form*

*Thank you!*  
*Juan*

**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: Charolai's Condominium Villas, Inc.
2. The principal office address: 2328 S. Congress Avenue, Suite 2A  
West Palm Beach, FL 33406
3. The mailing address (if different): 2328 S. Congress Avenue, Suite 2A  
West Palm Beach, FL 33406
4. Date of incorporation/qualification: 10/02/1973 Document number: 727630
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)

Gelfand & Arpe, P.A.

1555 Palm Beach Lakes Blvd., Suite 1220

West Palm Beach, FL 33401

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

Kravit Law, P.A.

1801 N. Military Trail, Suite 120

P.O. Box NOT acceptable

Boca Raton, FL 33431

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.

Mary E. Lopes  
Signature of an officer or director

MARY E. Lopes  
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]  
Signature of Registered Agent

5/20/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)