729389

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIME BAY CONDOMINIUM, INC. NO. 2 Name of Corporation
DOCUMENT NUMBER: 729389
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:
Tamar Duffner Shendell, Esq. Name of Contact Person
Shendell & Associates, P.A.
Firm/Company
635 SE 10 Street, Suite 635A
Address
Deerfield Beach, Florida 33441
City/State and Zip Code
Service@Shendell-law.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamar Duffner Shendell, Esq. at (954) 781-3747
Tamar Duffner Shendell. Esq. at (954) 781-3747 Name of Contact Person 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: LIME BAY CONDOMINIUM, INC. NO. 2	
2. The principal TAMARAC, FL	office address: 9190 LIME BAY BLVD	- <u>-</u> -
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 04/18/1974 Document number: 729389	
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	THE FRYDMAN LAW GROUP, PLLC	
	3111 North University Drive, 403	
	Coral Springs, FL 33065	- - -
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	. autori ofti Pit
	Shendell & Associates, P.A.	<u>.</u>
	635 SE 10 Street, Suite 635A	19
	P.O. Box NOT acceptable	
	Deerfield Beach, FI. 33441	
The street addre	ess of its registered office and the street address of the business office of its registered a be identical.	igent,
Charle	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Chan lotter or director Printed of typed name and title	Presi
l furthér agrée i of my dutiés, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete perform of I am familiar with and accept the obligation of my position as registered agent. Or, and filed merely to reflect a change in the registered office address. I hereby confirm the been notified in writing of this change.	mance if this at the
The Sig	nature of Registered Agent Date	
_	half of an entity:	
	thendell, Esq.	

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

Typed or Printed Name