72939/

(Re	equestor's Name)	
(Address)		
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation 729391

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:

David Brough

Name of Contact Person

Brough, Chadrow & Levine, P.A.

Firm/Company

2149 North Commerce Parkway

Address

Weston, FL 33326

City/State and Zip Code

dbrough@bclpa-law.com

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

For further information concerning this matter, please call:

David Brough

Name of Contact Person

Name of Contact Person

at (954 384-0732)

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

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: LIME BAY CONDOMINIUM, INC. NO. 4		
2. The principal office address: 9190 LIME BAY BLVD TAMARAC, FL 33321		
ole Dhanniu Managanant Consista		
3. The mailing address (if different): c/o Phoenix Management Services		
4800 N. State Rd. 7, #105 Lauderdale Lakes, FL 33319		
4. Date of incorporation/qualification: 04/18/1974 Document number: 729391		
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)		
Brough, Chadrow & Levine, P.A.		
1900 North Commerce Parkway		
Weston, FL 33326		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Brough, Chadrow & Levine, P.A.		
2149 North Commerce Parkway		
P.O. Box NOT acceptable Weston, FL 33326		
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 of the corporation has been notified in writing of the change.		
EDWN SIOSIAS - President		
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 of Registered Agent		
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)