## 729436

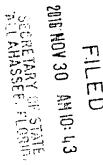
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Aura Apartments, INC Name of Corporation
DOCUMENT NUMBER: 729436
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:
Maria Fun X Name of Contact Person
Aura Apartments, Two
670 Blueberry Drive
Wellington, FL 33414 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria Funk at (561) 662-7702 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made navable 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: Aury Apartments, INC
2. The principal office address: 670 Blue berry Drive
Wellington, FL 33414
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/19/1974 Document number: 739436
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)
Maria Funk
2034 Ranisle Cic
Palm Beach Gardens, FL 334/8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
670 Blue berry Drive
Wellington Fl 33414
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.
Signature of an officer or director  Maria Fink President  Printed or typed frame 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 of Registered Agent 11/26/16 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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