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LEOPOLD KORN LEOPOLD SNY Division of Con

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

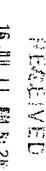
COR AMND/RESTATE/CORRECT OR O/D RESIGN THE SEAWAY VILLAS CONDOMINIUM ASSOCIATION, INC.

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Corporate Filing Menu

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Amendment Section TO: Division of Corporations

The Seaway Villas Condominium Association, Inc.

Name of Corporation

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:

Melissa Sosa, RE Paralegal

Name of Contact Person

Leopold Korn, P.A.

20801 Biscayne Blvd., Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

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

For further information concerning this matter, please call:

Melissa Sosa

Name of Contact Person

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

statement of ch	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.		
i. The name of	the corporation: The Seaway Villas Condominium Association, Inc.		
	office address: 9149 Collins Avenue, Surfside, FL 33154		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 06/10/1974 Document number: 729495		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Straley & Otto, P.A.		
	2699 Stirling Road, Suite C-207	281	1715
	Ft. Lauderdale, FL 33312	2816 JUL 1 1	SEC
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	. II PM	HAISION OF POWER
	Norman Leopold, Esq.	¥ ?:	577
	20801 Biscayne Blvd., Suite 501	15	:
	P.O. Box NOT acceptable Aventura, FL 33180		
The street addreas changed will	ess of its registered office and the street address of the business office of its registered age be identical.	ent,	
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
Mw Signatu	WILL ALL A. LEWALHARD Printed on type of name and title	,V.F) (
l further agree i performance of	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 my duties, and an familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.		
	This Properties Agent 7 11 2016	_	
	half of an entity:		
7)	yped 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