## 729775

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SECRUTARY OF SIGNETALLAHASSEEL FLORIDA

APPROVED AND FILED

C. LEWIS

DEC 1 6 2013

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	ROYAL PARK CONDOMINIUM APARTMENTS, INC.  Name of Corporation
	Name of Corporation
DOCUME	NT NUMBER: 729775

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 5340 N. Federal Highway, Suite 201 Address

Lighthouse Point, FL 33064

City/State and Zip Code

Tamar@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	<sub>at (</sub> 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statute n organized under the laws of the State of <mark>Florida</mark> r registered agent, or both, in the State of Florida			
1. The name of the corporation: ROYAL PARK CONDOMINIUM APARTMENTS, INC. 2. The principal office address: 119 ROYAL PARK DRIVE, #1A, OAKLAND PARK, FL 33309					
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 05/27/1	974 Document number: 729775			
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)			
	Shendell & Associates,	P.A.	75 TO		
	3650 N Federal Highwa	y, Suite 202	DEC.		
	Lighthouse Point, FL 33	3064	100 A S S S S S S S S S S S S S S S S S S		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	13 DEC 11 PH 12: 30 SECRETARY OF STATE TALL AHASSEC, FLORIG		
	Shendell & Associates,	P.A.	5m <b>C</b>		
	5340 N Federal Highwa	y, Suite 201			
	Lighthouse Point, FL 33	Box NOT acceptable			
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of its regis	tered agent,		
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officence notified in writing of the change.	· so		
Signatu	re of an officer or director	Printed or typed name and title			
I further agree t performance of agent Or if thi	o comply with the provisions of t my duties, and I am familiar with	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as re to reflect a change in the regislered office addi tified in writing of this change	gistered ess, I		
00		12/3/13			
· ·	ature of Registered Agent	Date			
	nalf of an entity:				
	ner Shendell  ped or Printed Name	-			

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