132132

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Building Two of Racquet Club Apts at Bonaventure 6.			
DOCUMENT NUMBER	t:	732132	
The enclosed Statement of	f Change of Registered Office	e/Agent and fee are submitt	ted for filing.
Please return all correspor	ndence concerning this matter	r to the following:	
		,	
	Leigh H Name of Cor	loffman	
	Name of Col	ntact Person	
	Alliance Prop	erty Systems	
	Firm/Co		
	4400 0 1100 000	. Daise Cuite 044	
	1133 S University	ress	
			·
	Plantation,	FL 33324	
	City/State an	nd Zip Code	
	Ihoffman@allq	propsys.net	
E-mai	l address: (to be used for fi	uture annual report notifi	cation)
For further information co	oncerning this matter, please o	call:	
Leigh	Hoffman	at (<u>954</u>) Area Code & Daytin	473.4733 x 3
Name of C	Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a \$35.00 checl	k made payable to the Depart	ment of State.	
<u>M</u>	<u>failing Address:</u> .mendment Section	Street Address: Amendment Sec	etion
	Division of Corporations	Division of Cor	
	O. Box 6327	Clifton Building	•
	allahassee, FL 32314	2661 Executive	•
	•	Tallahassee, FL	, 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \underline{F} to change its registered office or registered agent, or both, in the State of Flor	lorida
1. The name of th	ne corporation: Building Two of Racquet Club Apts at Bona	aventure 6 Cond
2. The principal o	office address: 1133 S University Drive, Suite 211	
Plantation,	FL 33324	
	ddress (if different): PO Box 19439 n, FL 33318	
4. Date of incorpo	oration/qualification: 3/13/1975 Document number:	732132
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the
-	Marlon E Bryan	
	5701 Sheridan St	
_	Hollywood, FL 33021	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	e
	Tucker & Tighe, P. A.	1
	800 E Broward Blvd, Suite 710	VISION OF CHAPTER IN
_	PO. Box NOT acceptable Fort Lauderdale, FL 33301	
The street addres as changed will b	ess of its registered office and the street address of the business office of its be identical.	registered agent
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an of board or the corporation has been notified in writing of the change.	officer so 5 2
M Shighatule	Anishka K Armbris Printed or typed name and title	
I hereby accept to I further agree to of my duties, and document is bein corporation has	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 come I am familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance agent. Or, if this confirm that the
Vh	Ann This Wes 4/6/2012	
Sighi	ature of Registered Agent Date	
If signing on beh	nalf of an entity:	
	homas J Tighe //v//. ped 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 * * *