739035

(Requestor's Name)		
//		
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700245092607

02/27/13--01010--001 **35.00



Dans

からり

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation Name of Corporation

DOCUMENT NUMBER: 739039

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:

Michael Bogen

Name of Contact Person

Bogen Law Group, P.A.

Firm/Company

1900 Glades Rd Ste. 300

Address

Boca Raton, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Bogen

,561 \392-8555

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	e provisions of sections 607.0502, 617.0502, 607.1508, or ange is submitted for a corporation organized under the er to change its registered office or registered agent, or b	laws of the State of F	Florida
1 The name of t	the corporation: Newport P Condominium A	Association, Ir	1C.
	l office address: 262 Newport P, Deerfield E		
3. The mailing a	address (if different): 2400 Centrepark W Dr #1	75, West Palm	Beach, FL 33409
4. Date of incorp	rporation/qualification: 5/5/77 Document	nt number: 73903	19
	nd street address of the current registered agent and register artment of State: (If resigned, enter resigned)	ered office on file wi	th the
	Larry Brock		
	250 SW 32nd Ave		
	Deerfield Beach, FL 33442		13 FALL
6. The name and (if changed):	nd street address of the new registered agent (if changed)	and /or registered off	FEB 27 AHASSE
	Bogen Law Group, P.A.		mo 3
	1900 Glades Rd., Ste. 300		STAI
	P.O. Box NOT acceptable Boca Raton, FL 33431		ZZ A
The street addre	ress of its registered office and the street address of the labe identical.	business office of its	s registered agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	f directors or by an og of the change.	officer so
Signatu		inted or typed name and title	
I further agree i performance of agent. Or, if thi	t the appointment as registered agent and agree to act i to comply with the provisions of all statutes relative to f my duties, and I am familiar with and accept the oblig his document is being filed merely to reflect a change in I that the corporation has been notified in writing of thi	the proper and com ation of my position the registered offici	plete as registered e address, I
	2/25/13		
_	gnature of Registered Agent	Date	
	chalf of an entity:		
Michael Bo	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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