739461

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Atlantic Beach Villas Condominium Association, Inc. | |
| Name of Corporation | |
| DOCUMENT NUMBER: 739461 | |
| 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: | |
| Edoardo Meloni, Esq. | |
| Name of Contact Person | |
| The Meloni Law Firm | |
| Firm/Company • | |
| 1701 NE 164th Street, Suite 303 | |
| Address | |
| North Miami Beach, FL 33162 | |
| City/State and Zip Code | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| E-mail address: (to be used for future annual report notification) | . a. |
| | PM 12: 10 |
| For further information concerning this matter, please call: | 2: - 2: |
| Edoardo Meloni _{at} 954 368-1330 | |
| Name of Contact Person Area Code & Daytime Telephone Nun | ıber |

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

| 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: Atlantic Beach Villas Condominium Association, Inc. | |
| 2. The principal office address: 5450 North Ocean Blvd. Fort Lauderdale, FL 33308 | |
| | _ |
| 3. The mailing address (if different): c/o Benchmark Property Management, Inc. 7932 Wiles Road, Coral Springs, FL 33067 | |
| 4. Date of incorporation/qualification: 06/23/1977 Document number: 739461 | |
| 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) | |
| The Meloni Law Firm | |
| 900 SW 40th Ave | |
| Plantation, FL 33317 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| (if changed): The Meloni Law Firm 1701 NE 164th Street Suite 303 | |
| TOTAL DAN OHEEL OUNE OUG | 7. |
| P.O. Box NOT acceptable North Miami Beach, FL 33162-4018 | -= |
| North Miami Beach, FL 33162-4018 | 1 |
| 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. | |
| Signapore of an officer or director Signapore of an officer or director Signapore of an officer or director Officer or typed name 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 Date | |
| If signing on behalf of an entity: | |
| EDOARDO MELOIOI | |

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