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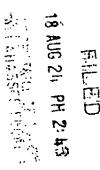
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: The Warwick Condominium Association, Inc. |
| Name of Corporation |
| DOCUMENT NUMBER: 743497 |
| 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: |
| William Mencarelli |
| Name of Contact Person |
| The Warwick Condominium Association, Inc. |
| Firm/Company |
| 5100 Dupont Blvd. |
| Address |
| Ft. Lauderdale, Florida 33308 |
| City/State and Zip Code |
| warcon7002@gmail.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| William Mencarelli at (954) 491-7002 Name of Contact Person Area Code & Daytime Telephone Number |
| 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 Street Address: Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

TO:

Amendment Section

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

| statement of ch | ange is submitted for a corporati | , 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida. | _ |
|--|--|---|------------|
| I. The name of | the corporation: The Warwic | ck Condominium Association, Inc. | |
| 2. The principal | office address: 5100 Dupor | nt Blvd., Fort Lauderdale, Florida 33308 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 7/7/19 | 78 Document number: 743497 | |
| | d street address of the current reg rtment of State: (If resigned, ento | gistered agent and registered office on file with the er resigned) | |
| | Ernst, Valerie | | |
| | 5100 Dupont Blvd. | 300 | |
| | Fort Lauderdale, Florid | da 33308 | 7F1 === |
| 6. The name and (if changed): | d street address of the new regist | tered agent (if changed) and /or registered office | |
| | William Mencarelli, C/0 | O Warwick Condo. Assoc., Inc. | • |
| | 5100 Dupont Blvd. | 918 | |
| | Fort Lauderdale, Florid | r Rox NOT acceptable da 33308 | |
| The street address changed will | ess of its registered office and the identical. | he street address of the business office of its registered ag | ent. |
| | | adopted by its board of directors or by an officer so been notified in writing of the change. | |
| Loone | B. Weeseller | Leonard Weiselberg | _ |
| I hereby accept I further agree of performance of agent. Or, if the | the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel | agent and agree to act in this capacity, i all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I notified in writing of this change. | |
| William, | Menearell. | August 10, 2018 | |
| Sig | nature of Registered Agent | Date | _ |
| If signing on be | half of an entity: | | |
| William Mei | | _ | |
| 17 | yped 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 * * *