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Townhouses of Highland Beach Condominium Association, Inc. 2575 S. Ocean Blvd. Highland Beach, FL 33487		
(Add	dress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
•	•	•
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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T. LEWIS

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: Townhouses of Highland Beach Condominium Association, Inc.
2. The principal office address: 2575 S. Ocean Blvd, Highland Beach, FL 33487
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/14/78
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)
Bogen Law Group, P.A.
1900 Glades Rd Ste 354
Boca Raton, FL 33431
1900 Glades Rd Ste 354 Boca Raton, FL 33431 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Bogen Law Group, P.A. 1900 Glades Rd Ste. 300
1900 Glades Rd Ste. 300
P.O. Box NOT acceptable
Boca Raton, FL 33431
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.
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Signaphor an officer or director 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:
Michael Bogen
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

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