745131

| (Re | questor's Name) | |
|---------------------------|-------------------|---------------|
| (Ad | dress) | |
| (Ad- | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| . (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status ' |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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Mr. sliver

COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: SOMERSET AT LAUDERD | ALE LAKES CONDOMINI | | | | |
|---|---|--|--|--|--|
| Name of | f Corporation | | | | |
| DOCUMENT NUMBER: | 745131 | | | | |
| The enclosed Statement of Change of Registered Of | fice/Agent and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this ma | tter to the following: | | | | |
| STEVEN | S. VALANCY | | | | |
| Name of Contact Person | | | | | |
| | k VALANCY, P.A. | | | | |
| Firm | /Company | | | | |
| 311 SE 13TH STREET | | | | | |
| А | ddress | | | | |
| FORT LAUDERDA City/State | ALE, FLORIDA 33316 and Zip Code | | | | |
| 4 | | | | | |
| E-mail address: (to be used fo | nyflalaw.com r future annual report notification) | | | | |
| For further information concerning this matter, please | se cail: | | | | |
| DONNA AVEN Name of Contact Person | at (954) 463-1600 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Dep | partment of State. | | | | |
| Mailing Address: Amendment Section Division of Corporations | | | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |

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

| statement of a | change is submitted for a c | orporation organize | 607.1508, or 617.1508, Flor ad under the laws of the State ad agent, or both, in the State | of FLORIDA |
|---|---|--|---|--|
| 1. The name | of the corporation: SOM | ERSET AT LA | AUDERDALE LAKE | S CONDOMINIUM |
| 2. The princip | pal office address: 2870 \$ | SOMERSET DR | IVE, LAUDERDALE LA | AKES, FLORIDA 33311 |
| 3. The mailin | ng address (if different): | | | |
| 4. Date of inc | corporation/qualification: _ | 12/05/1978 | Document number: | 745131 |
| | and street address of the curpartment of State: (If resig | | nt and registered office on fil | e with the |
| | KATZMAN GARF | INKEL, P.A. | | · |
| | 1501 NW 49TH S | TREET SUITE 2 | 202 | 090 ALCA |
| | FORT LAUDERD | ALE, FLORIDA | 33309 | |
| 6. The name (if changed | | ew registered agent (| (if changed) and /or registered | d office PR |
| | STEVEN S. VALA | ANCY | | 3: 07 174.11E 174.00 |
| | 311 SE 13TH ST | | | _ |
| | FORT LAUDERD | P.O Box NOT a | | |
| The street ad | | | dress of the business office | of its registered agent, |
| Such change authorized by | was authorized by resoluty the board, or the corpor | ition duly adopted bation has been notif | by its heard of directors or blied in writing of the change | y an officer so |
| By Sign | nature of an officer or director | Lap_ | BY Robert | and title HARP |
| I hereby acco I further agr of my duties, document is corporation | ept the appointment as re ee to comply with the pro and I am familiar with a being filed merely to refle has been notified in writi | gistered agent and visions of all statute nd accept the oblig ect a change in the i ng of this change. | agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I i | l complete performance stered agent. Or, if this hereby confirm that the |
| | Signature of Registered Agent | | //- 29 Date | -05 |
| If signing on | behalf of an entity: | | | |
| S | STEVEN S. VALANCY Typed or Printed Name | <u> </u> | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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