

745993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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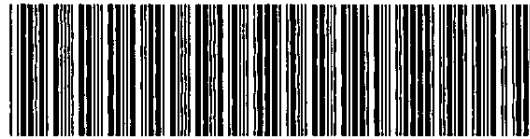
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 27 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Normandy K Association Inc.
Name of Corporation

DOCUMENT NUMBER: 591940061

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:

David Sandlofer

Name of Contact Person

c/o Condominium Concepts

Firm/Company

15005 Michelangelo Blvd

Address

Delray Beach FL 33446

City/State and Zip Code

vschreibman@condominiumconcepts.com

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

For further information concerning this matter, please call:

Valerie Schreibman

Name of Contact Person

at 561- 496-0062

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

FORWARDED FROM CIU

Handwritten notes and stamps on the right side of the form:

- Amount:** 35.00
- Fee:** 35.00
- Desc:** 35.00
- GL #:** 5200
- Stamp #10:** 5200
- Approval:** [Signature]
- Stamp #11:** 5200
- Stamp #12:** 5200
- Stamp #13:** 5200
- Stamp #14:** 5200
- Stamp #15:** 5200
- Stamp #16:** 5200
- Stamp #17:** 5200
- Stamp #18:** 5200
- Stamp #19:** 5200
- Stamp #20:** 5200

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Normandy K Association Inc.
2. The principal office address: C/O Condominium Concepts Management
3. The mailing address (if different): 15005 Michelangelo Blvd.
Delray Beach FL 33446
4. Date of incorporation/qualification: 2/16/79 Document number: 591940061
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) 745993

SKRLD, INC.
201 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David Sandlofer c/o Condominium Concepts
15005 Michelangelo Blvd.
Delray Beach FL 33446

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TALLAHASSEE, FLORIDA

love

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.

Valerie Schreiman
Signature of an officer or director

Valerie Schreiman, LCAM
Printed 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.

Valerie Schreiman
Signature of Registered Agent

8/1/13
Date

If signing on behalf of an entity:

Valerie Schreiman, LCAM as agent for Normandy K
Typed or Printed Name

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