746375

— Deauville V Condomini BOARD OF DIRI 6575 S. Oriole Blvd Delray Beach, Flori	um Associ ECTORS	ation, Inc.
(C	ity/State/Zip/Phon	e #)
PICK-UP	. WAIT	MAIL
(B	usiness Entity Na	me)
(Do	ocument Number)
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SECRETARY OF STATE

Mod

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

	ne provisions of sec of change is submit								atutes,	
Florida	in order to	change ii	ts regi.	stered office	e or regis	tered agent,	or both,	in th	e State	
ρf Florida.										
1. The name of	f the corporation:									
2. The principa	al office address:	6575	so.	ORIOLE	BLVD.	DELRAY	BEACH	FL	33446	
3. The mailing	address (if differen	ıt):								
4. Date of inco	orporation/qualifica	tion:03	/21/19	79	_ Docume	ent number:	03/21/1	979		
	nd street address of artment of State:	the currer	nt regis	stered agent	and regis	tered office	on file	SERTE T	109 FEB	
	Ed Dicker, Krivol	& Stoloff	PA					S TO	9	
	1818 Australian Avenue South, Suite 400								EK.	
-	West Palm Beac	h, Florida 3	3409	-			<u>. </u>	FLOR	新 0: 45	
6. The name a changed):	and street address		v regis	stered agent	(if chang	ged) and /or	r registere	ed of	fice (if	
		•				<u> </u>				
	1501 Northwest 4				centable					
	(P.O. Box or personal mailbox NOT acceptable) Fort Lauderdale, Florida 33309									
The street add agent, as chan	ress of its registere ged will be identic	d office a	nd the	street addre	ess of the	business of	fice of its	regi	stered	
Such change vauthorized by	was authorized by rethe board, or the co	resolution orporation	duly a has b	dopted by i een notified	ts board o i in writin	of directors g of the cha	or by an o	office	r so	
(Signature of an offic	er, chairman or vice chairm	an of the board	Ŋ-		(Printed or	ウノレノC typed name and t	E LK itle)		_	
I hereby accep I further agree performance o registered age offi ce address ,	of the appointment to comply with the of my duties, and I nt. Or, if this docu I hereby confirm	as registe e provisio am familia iment is ba that the co	red ag ns of c ar with eing fi orpora	gent and agr all statutes in and accep led merely i tion has be	ree to act relative to t the oblig to reflect en notified	in this cape the proper gation of my a change in d in writing	acity. and com y position the regis of this ch	plete as sterea	<i>l</i> 2.	
			_		01-27	1-09			_	
	(Signature of Registered of	ent				(Date)				
If signing on beha		`	•	· · · · · · · · ·		Pop-				
LEIGH (C. ICATZMAN (Typed or Printed Name)	a Togarmo	_		שואועשיי	PARTA (Capacity)			_	

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