

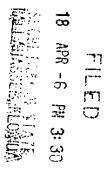
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations Bent Tree Villas East Condominium Association, Inc. Name of Corporation **DOCUMENT NUMBER** 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: Chelle Konyk, Esq.

Name of Contact Person Konyk & Lemme PLLC Firm/Company 777 South Flagler Drive, Suite 800-West Tower Address West Palm Beach, FL 33401 City/State and Zip Code CK@LawKL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelle Konyk Name of Contact Person

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

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

statement of cha	mge is submitted for	a corporation organ)2, 607.1508, or 617.1508, Florido nized under the laws of the State of ered agent, or both, in the State of	f_Florida
1. The name of t	the corporation: Be	nt Tree Villas E	ast Condominium Assoc	iation, Inc.
2. The principal	400)5 Pear Tree C		
		nton Beach, Fl	_ 33436	
3. The mailing a	ddress (if different)			
4. Date of incorp	poration/qualification	n: 04/04/1979	Document number: 7466	32
		e current registered a esigned, enter resigna	ngent and registered office on file ved)	with the
	Rosenbaum F	PLLC		_
	250 South Au	stralian Avenue	e, 5th Floor	- 3
	West Palm Be	each, FL 3340	1	
6. The name and (if changed):	d street address of th	e new registered age	nt (if changed) and /or registered o	المراقعة المراقع المرا
	Konyk & Lem	me PLLC Attr	n: Chelle Konyk	- 🔄 😕
	777 South Fla	gler Drive, Suit	te 800-West Tower	30
		P.O Box NOT	·	
	West Palm Be	each, FL 3340	1	_
The street address changed will	ess of its registered be identical.	office and the street	address of the business office of	its registered agent,
Such change was authorized by the	as authorized by res ne board, or the cor	olution duly adopted poration has been no	d by its board of directors or by an stified in writing of the change.	n officer so
Kaher	Monde	my	Robert J. Bruckner, Pre	
I hereby accept I further agree	to comply with the p my duties and I an	provisions of all stat a familiar with and a	d agree to act in this capacity. utes relative to the proper and co accept the obligation of my positio lect a change in the registered off in writing of this change.	omplete on as registered
	and -		3/31/2018	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Konyk & Le	mme PLLC yped or Printed Name			
		* * * FILING FE	E: \$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)