## 148198

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
SEP 13;			

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08/15/23--01014--005 \*+35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Contact Person	Ages Cody & Dording Talankana Niverka
Maryann Moulton, LCAM	at (561 )332-3780  Area Code & Daytime Telephone Number
For further information concerning this matter, pleas	e call:
E-mail address: (to be used for future annual rep	ort notification)
MANAGER@OCEANTERRACE	
City/State and Zip Code	
HIGHLAND BEACH, FL 33487	
Address	<del></del>
3115 S. OCEAN BOULEVARD	
Firm/Company	
OCEAN TERRACE NORTH CONDOMINIUM ASSOC	TATION, INC
Name of Contact Person	***
MARYANN MOULTON, LCAM	
Please return all correspondence concerning this mat	ter to the following:
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
DOCUMENT NUMBER: 748798	
740700	
Name of Corporation	

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statut anized under the laws of the State of <mark>Florid</mark> stered agent, or both, in the State of Florid	a
1. The name of t	the composition: OCEAN TERRACE NO	DRTH CONDOMINIUM ASSOCIATION, IN	NC.
	office address: 3115 S. OCEAN BOULE		
3. The mailing a	address (if different):		
		Document number: 748798	
	I street address of the current registered timent of State: (If resigned, enter resign	agent and registered office on file with the ned)	2
	RANDALL K ROGER & ASSOCIATES	S, P.A.	
	621 NW 53RD STREET STE 300		
	BOCA RATON, FL 33487		
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	<b>23</b>
	WICKER SMITH O'HARA McCOY &	FORD, P.A.	AUG AUG
	515 E. LAS OLAS BOULEVARD, SUI	TE 1400	5 元
		Box NOT acceptable	
The street addre	ess of its registered office and the stree be identical.	et address of the business office of its regi	≅ <b></b> -
Such change wa authorized by th	as authorized by resolution duly adopted board, or the corporation has been n	ed by its board of directors or by an officinotified in writing of the change.	
Signati	re of an officer or director	Matthew Cohen, BOD Presider	<u>nt</u>
l further agrée i of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this chang	atutes relative to the proper and complete bligation of mv position as registered age the registered office address. I hereby con	performance int. Or, if this infirm that the
2	mate M-	8/3/2023	
Sig	nuture of Registered Agent	Date	
If signing on be	half of an entity:		
	H O'HARA McCOY & FORD, P.A.		
T	yped or Printed Name		

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