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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Kenneth S. Direktor, Esq. Shareholder Phone: (954) 965-5050 Fax: (954) 985-4176 kdirektor@bplegal.com

625 N. Flagler Drive, 7th Floor West Palm Beach, Florida 33401

March 27, 2017

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Gables Waterway Towers Association, Inc.

Document No. 749088

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check # 11132 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Kenneth S. Direktor For the Firm

KSD/tw Enclosure

ACTIVE: 9575215_1

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

| statement of chan | rovisions of sections 607.0502, 617 age is submitted for a corporation of to change its registered office or re | organized under the laws of the S | tate of Florida |
|--|--|---|-----------------------------|
| 1. The name of th | ne corporation: Gables Waterv | way Towers Association | , Inc. |
| 2. The principal o | office address: 90 Edgewater I | Drive | |
| | Coral Gables, | FL 33133 | |
| 3. The mailing ad | ldress (if different): | | |
| 4. Date of incorpo | oration/qualification: 09/25/197 | 79 Document number: 7 | '49088 |
| | street address of the current register ment of State: (If resigned, enter res | | n file with the |
| | Becker & Po | liakoff, P.A. | |
| - | 625 N. Flagler | Drive - 7th Floor | SECRETA TALLAND |
| | West Palm Be | ach, FL 33401 | |
| 6. The name and s (if changed): | street address of the new registered | agent (if changed) and /or registe | ered office PLOS |
| | Becker & P | oliakoff, P.A. | ORLE OR |
| | 1 E. Broward B | Blvd., Suite 1800 | |
| _ | P.O. Box | NOT acceptable | |
| | Fort Lauderd | dale, FL 33301 | |
| The street address as changed will b | s of its registered office and the street eidentical. | reet address of the business offic | ce of its registered agent, |
| Such change was authorized by the | authorized by resolution duly ado board, or the corporation has been | pted by its board of directors or n notified in writing of the chang | by an officer so ge. |
| Signature | of an officer or director | BERNARI DANE | STEIN, PRES |
| I hereby accept th I further agree to | he appointment as registered agen comply with the provisions of all whites, and I am familiar with a document is being filed merely to tat the corporation has been notifi | t and agree to act in this capaci | ity. nd complete |
| Signat | ture of Registered Agent | 3/27 Date | 1/7 |
| If signing on beha | - | J.,, | |
| Туре | ed or Printed Name | | |
| | * * * FILING | FEE: \$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)