

749249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

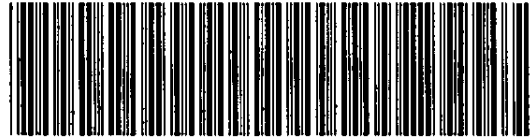
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR - 7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROSENBAUM MOLLENGARDEN PLLC
ATTORNEYS AT LAW

March 1, 2016

VIA REGULAR U.S. MAIL

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

**Re: Statement of Change of Registered Agent;
The Patrician Condominium Association, Inc.**

Dear Sir/Madam:

This Firm represents The Patrician Condominium Association, Inc. Enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations and check in the amount of \$35.00 payable to the Florida Department of State for filing.

Please contact our office if you have any questions or need anything further.

Very truly yours,


Peter C. Mollengarden
For the Firm
PCM/gm

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Patrician Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 749249

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:

Peter C. Mollengarden

Name of Contact Person

Rosenbaum Mollengarden PLLC

Firm/Company

250 South Australian Avenue, 5th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

pmollengarden@r-mlaw.com

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

For further information concerning this matter, please call:

Peter C. Mollengarden

Name of Contact Person

at (561) 653-2900

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

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

1. The name of the corporation: The Patrician Condominium Association, Inc.
2. The principal office address: 2851 South Ocean Boulevard
Boca Raton, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/09/1979 Document number: 749249
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)

Andrea Ross

2851 S Ocean Blvd., #7-F

Boca Raton, FL 33432

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

Rosenbaum Mollengarden PLLC

250 South Australian Avenue, 5th Floor

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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.

Betsy Hoak
Signature of an officer or director

BETSY HOAK
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.

Peter C. Mollengarden
Signature of Registered Agent

3/1/16
Date

If signing on behalf of an entity:

Peter C. Mollengarden
Typed 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA