150205

(Red	questor's Name)	
(Add	dress)	
. (Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only

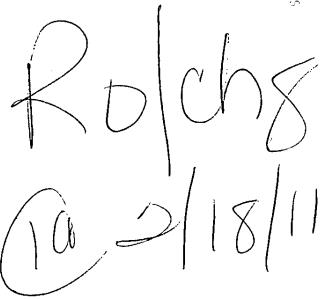


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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Stonebridge Gardens, Section Or Name of Corpor	ne, Condominium Association, t
DOCUMENT NUMBER: 7502	205
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Eric R. Schw	
Name of Contact	Person
Weitz & Schwart	tz P.A.
Firm/Compar	
900 S.E. 3rd Ave.,	Ste 204
Address	
Fort Lauderdale, F City/State and Zip	L 33316
· · · · · · · · · · · · · · · · · · ·	Code
eschwartz@weitzsch	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Eric R. Schwartz	954 \ 468-0016
Name of Contact Person	(954) 468-0016 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department	of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassee, 1 L 32314	Tallahassee, FL 32301

CR2E045 (8/05)

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\cdot}$ FOR CORPORATIONS

	er to change its registered office or registered agent, or both, in the State of Flo	
	the corporation: Stonebridge Gardens, Section One, Cond	ominium Association , A
2. The principal	office address: 2900 NW 55 Ave., Lauderhill, FL 33313	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12/13/79 Document number:	750205
	d street address of the current registered agent and registered office on file with rument of State: (If resigned, enter resigned)	THE IT PH 2: 16
	Weitz & Schwartz, P.A.	3 7 825
	3601 W. Commercial Blvd., Suite 31	PH PH
	Fort Lauderdale, FL 33309	2:16
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ි රි දෙ
	Weitz & Schwartz, P.A.	
	900 S.E. 3rd Ave., Ste 204	·
	P.O. Box NOT acceptable	
	Fort Lauderdale, FL 33316	
The street addr as changed wil	ess of its registered office and the street address of the business office of its l be identical.	s registered agent,
Such change w authorized by	vas authorized by resolution duly adopted by its board of directors or by an expectation has been notified in writing of the change.	offic e r so
Signali	Adolph Smikle ure of an officer or director Printed or typed name and till	e
l further agree of my duties, al document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com nd I am familiar with and accept the obligation of my position as registered sing filed merely to reflect a change in the registered office address, I hereb is been notified in writing of this change.	plete performance l agent. Or, if this y confirm that the
	2/14/11.	
S	gnature of Registered Agent Defe	
If signing on b	ehalf of an entity:	

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