## 150823

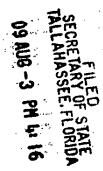
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
•							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special management to 1 ming officer.							

Office Use Only



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## **COVER LETTER**

TO:	Amendmen Division of	t Section Corporations							
SUBJECT: Townhouses at Redbridge Association, Inc.  Name of Corporation									
DOC	J <b>MENT NU</b> I	MBER:	750823	3					
The er	closed Stater	nent of Change of Registe	ered Office/Agent a	and fee are submit	ted for filing.				
Please	return all cor	respondence concerning	this matter to the fo	ollowing:					
Lindsay Raphael, Esq. Name of Contact Person									
Tripp Scott, P. A. Firm/Company									
			1 Into Company						
	110 SE 6th St., 15th Floor								
	Address								
Fort Lauderdale, FL 33301 City/State and Zip Code									
ler@trippscott.com									
E-mail address: (to be used for future annual report notification)									
For fu	rther informa	tion concerning this matte	er, please call:						
<del></del>	Non	Patty Walls ne of Contact Person	at (	954	627-3829 me Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.									
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle				

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

-	provisions of sections 607.0502 inge is submitted for a corporat		,					
	r to change its registered office							
1. The name of t	he corporation: Townhous	es at Red	bridge Associ	ation, Inc.				
2. The principal office address: 4118 NW 79 Avenue, Sunrise, FL 33351								
3. The mailing a	ddress (if different): same							
4. Date of incorp	poration/qualification:1	/29/80	_ Document number	750823				
	I street address of the current re timent of State: (If resigned, ent		and registered office	٠٠٠.				
	Dennis Maineri							
	4118 NW 79 Ave							
	Sunrise, FL 33351			ا الله الله الله الله الله الله الله ال				
6. The name and (if changed):	d street address of the new regis	tered agent (if	changed) and /or reg	gistered office				
·	Tripp Scott, P. A.							
	110 SE 6th Street, 15th							
		P.O. Box NOT acc	eptable					
	Fort Lauderdale, FL 333	301						
The street address changed will	ess of its registered office and be identical.	the street add	ress of the business	office of its registered agent,				
Such change wa authorized by t	as authorized by resolution du ne board, or the corporation ha	ly adopted by as been notifie	its board of directo ed in writing of the o	rs or by an officer so change.				
	is of an officer or director		Dennis Ma	aineri, President				
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered to comply with the provisions of I am family with the provisions in I and accelling filed merely to reflect a chis been notified in writing of the	d agent and a of all statutes of the obligat ange in the re is change.	gree to act in this ca relative to the prop ion of my position a gistered office addr	pacity, er and complete performance s registered agent. Or, if this ess, I hereby confirm that the				
1	mature of Registored Agent		7-24-0	09				
	chalf of an entity:		i.	value.				
Ma	tthew Zifrony, Esq.	····						
	yped or Printed Name *** FI	LING FEE:	\$35,00 * * *					
			<b>.</b>	S				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)