## 754135

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

RA change

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Westview Condominium Association No. Eight, INc. (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: 754135
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:
Michael S. Bender, Esq. (Name of contact person)
Robert Kaye + associates, P.A. (Firm/Company)
6261 NW 6th Way Suite 103
For Louderdale, FL 33309 (City/state and zip code)
For further information concerning this matter, please call:
Michael S. Bender at (954) 928-0680 (Name of contact person) (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 Division of Corporations
P.O. Box 6327 409 E. Gaines Street
Tallahassee, FL 32314 Tallahassee, FL 32399

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

statement of change	isions of sections 607.0502, 6 is submitted for a corporation change its registered office or	organized under the l	aws of the State of $\_1$	Florida	
1. The name of the c	orporation: Wastnie	ur Condom	as muini	<u>anciation</u>	Mu. Liga
	ce address: Maxim Suntise Blud	Planta		33313	<i>می</i> ن 
3. The mailing addre	ss (if different):	·	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporate	ion/qualification: 09(11)	Documen	t number:	54135	······································
5. The name and stre Florida Departmen	eet address of the current regis nt of State:	tered agent and registe	red office on file with	n the	
	Landma	ule magn	ins Sami	Run	
	12323 50	<u>u 55 St.</u>	Ste 100	<b>z</b>	·
	Cooper Ci	to FL	33330 U	S≅ <sup>K</sup> S	
6. The name and stre	et address of the new register	d agent (if changed) a	nd /or registered offic		
(if changed):	~	aye & Associate	_	ARY ASSE	
		61 NW 6th Way	s, 1 <i>1</i> A.	ind M	
		Suite 103		デジス マ マンス マンス マンス マンス マンス マンス マンス マンス マンス マンス	-
	(P.O. 101. N. 28)	derdale, FL 333	809	TE 17	•
The street address o as changed will be i	f its registered office and the dentical.	street address of the	ousiness office of its	registered agent,	
Such change was au authorized by the bo	thorized by resolution duly a	dopted by its board o	f directors or by an og of the change.	officer so	
Mala Signature of	an officer of director)	Linda	rinted or typed name and to	Resident	
I hereby accept the a literature of further agree to co of my duties, and I a document is being fit corporation has been	appointment as registered as imply with the provisions of a im familiar with and accept t led merely to reflect a chang in potified in writing of this c	ent and agree to act i ill statutes relative to he obligation of my p e in the registered off hange.	n this capacity the proper and com osition as registe; ed ice address, I hereb	plete performance agent. Or, if this y confirm that the	
_ la out	laye	6	17-O.	5	
•	e of Registered Agent)		(Date)		. –
If signing on behalf	of an entity;	. <del></del>		· <del>·</del>	
(Typed	or Printed Name)	 	* * * * * * * * * * * * * * * * * * * *		Tap name

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