

75-4318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

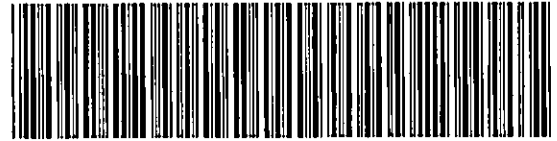
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/18--01006--029 ++\$35.00

S TALLENT
JUN 08 2018

FILED
18 JUN -7 PM 3:09
RECEIVED
CLERK OF COURT
JUN 08 2018

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2018

ARLENE KRAFT
ROYALE TOWERS CONDOMINIUM ASSOCIATION, I
1830 N. ATLANTIC AVENUE, C808
COCOA BEACH, FL 32931

SUBJECT: ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 754318

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We have received your document for ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

THE REGISTERED AGENT FORM AND THE \$35.00 FEE ARE BEING HELD IN OUR OFFICE UNTIL THE ORIGINAL FORM WITH ALL SIGNATURES ARE RECEIVED.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00011800

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 754318

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:

RECEIVED
18 JUN - 7 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

Arlene Kraft

Name of Contact Person

ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.

Firm/Company

1830 N. ATLANTIC AVENUE, C808

Address

COCOA BEACH, FLORIDA 32931

City/State and Zip Code

office@royaletowers.com

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

For further information concerning this matter, please call:

Arlene Kraft

Name of Contact Person

at (321) 783-1830

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: ROYALE TOWERS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1830 N. Atlantic Avenue, Cocoa Beach, FL 32931
3. The mailing address (if different): 1830 N. Atlantic Ave, C808, Cocoa Beach, FL 32931
4. Date of incorporation/qualification: 7/24/1980 Document number: 754318
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 Pearl, Esq. C/O Katzman Chandler

1500 W. Cypress Creek Rd, Suite 408

FT Lauderdale, FL 33309

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

Jay Steven Levine C/O Levine Law Group

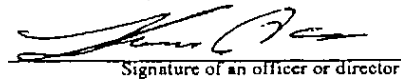
2500 N. Military Trail, Suite 283

P.O. Box NOT acceptable

Boca Raton, FL 33431

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.


Signature of an officer or director

Thomas Wann, President
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.


Signature of Registered Agent

6-4-18
Date

If signing on behalf of an entity:

Jay Steven Levine
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

FILED
18 JUN -7 PM 3:03
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS