

754686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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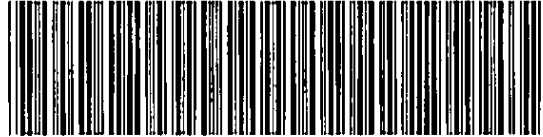
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

cf 5/24/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Towers of Oceanview South Condo Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: 754686

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:

Trisha Soman Joan Bendell
Name of Contact Person

Renaissance Management Group
Firm/Company

600 Parkview Drive, Office
Address

Hallandale, Florida 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

Trisha Soman Joan Bendell at 954 454-8344
Name of Contact Person 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 Towers of Oceanview South Condominium Association, Inc.
2. The principal office address: 600 Parkview Drive, Office, Hallendale, FL 33009
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/16/1980 Document number: 754686
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)

Robert C. Martin, Esquire

319 SE 14 Street

Fort Lauderdale, Florida 33316

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

David L. Brough, Esquire

Brough, Chadrow & Levine, P.A.

P.O. Box NOT acceptable

2149 North Commerce Parkway, Weston, FL 33326

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.

Nicole Young
Signature of an officer or director

Nicole Young Board 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]
Signature of Registered Agent

March 22, 2022

Date

If signing on behalf of an entity:

David L. Brough, Esquire

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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