

755381

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Seasons Condominium Association of Fort Lauderdale, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 755381

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:

Edoardo Meloni, Esq.

Name of Contact Person

The Meloni Law Firm

Firm/Company

1701 NE 164th Street, Suite 303

Address

North Miami Beach, FL 33162

City/State and Zip Code

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

For further information concerning this matter, please call:

Edoardo Meloni

Name of Contact Person

at (954) 368-1330

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

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DIVISION OF CORPORATIONS  
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**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 Seasons Condominium Association of Fort Lauderdale, Inc.
2. The principal office address: 209 N. Ft. Lauderdale Beach Blvd.  
Fort Lauderdale, FL 33304-4337
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/03/1980 Document number: 755381

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)

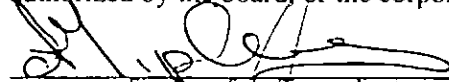
Edoardo Meloni, Esq.  
900 SW 40th Ave  
Plantation, FL 33317

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

Edoardo Meloni, Esq.  
1701 NE 164th Street, Suite 303  
P.O. Box NOT acceptable  
North Miami Beach, FL 33162-4018

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

ANNE Yip Choy Director  
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

7/15/19  
Date

If signing on behalf of an entity:

EDOARDO MELONI  
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

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