757065

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COVER LETTER

SUBJECT: METADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION A' INC. Name of Corporation
DOCUMENT NUMBER: 757065
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:
SANDRA SWEENLY / DIRECTOR, COMPTRULLER Name of Contact Person MEADOWBRUCK LAKES VIEW Could ASSNIA' INC Firm/Company
MEADOWBROOK LAKES VIEW Cooldo ASSN A' INC
315 SE BRO ST
DANIA BEACH FL 33004 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SANDRA SWEENEY at (732) 267-0784 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 Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

ESLER & LINDIE, P.A. Situmy of Low

BETH G. LINDIE, Member GARY A. ESLER, Retired JEREMY M. ZUBKOFF, Of Counsel 400 SOUTHEAST 6TH STREET FORT LAUDERDALE, FLORIDA 33301-3405 (954) 764-5400 FAX (954) 764-5408 URL: http://www. eslerandlindie.com

Direct Email: <u>blindie@eslerandlindie.com</u> <u>jeremv@eslerandlindie.com</u>

September 6, 2016

Department of State ATTENTION: AMENDMENT SECTION Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Meadowbrook Lakes View Condominium Association "A", Inc.

Dear Sir or Madam:

Enclosed please find the original, signed Statement of Change of Registered Office or Registered Agent form for Meadowbrook Lakes View Condominium Association "A", Inc.

The only change is the address of the Registered Agent, as it was incorrect.

Also, enclosed please find the Association's check in the amount of \$35.00.

Thank you for your assistance and if you have any questions, please call our office.

Very truly yours,

BETH G. LINDIE

BGL/aev Enclosures

cc: Client (w/o encl.)

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.
1. The name of the corporation: MEADOWBROOK LAKS VIZW CONDOMINIUM ASSOCIATION A INC
2. The principal office address: 315 SE 3RO ST, DANIA BEACH, FLORIDA 33004
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 3/16/1981 Document number: 757065
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)
Beth 6. Londie, Es, /Ester + Londie, PA
3113 STIRLING ROAD 201
HOLLYWOOD FL 33312
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Both G. Lindie, Esq. / Ester + Lindie, PA
400 SE SIXTH STREET
FT LAUDER DALE, FLORIDA 33307
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.
Dendra La Survey DIRECTOR/Comp TROLLER SANDRAL SWETCHEY Signature of an officer or 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 Signature Of Registered Agent Date
If signing on behalf of an entity:
Ester + Lindie PA Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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