From: Merritt Walker



09/09/2021 4:14 PM

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:				

REGISTERED AGENT CHANGE

CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATIONINC.

SEP - 9 PH 4

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHAMPLAIN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: 758034
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 I. Goldberg, Court Appointed Receiver
Name of Contact Person
Firm/Company
201 E. Las Olas Blvd., Suite 1800
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
michael.goldberg@akerman.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael I. Goldberg, Court-Appointed Receiver at (954)463-2700
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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitte	ed for a corporation or	1502, 607.1508, or 617.13 canized under the laws of istered agent, or both, in	the State of FLORID	DA
1. The name of	the comoration	CHAMPLAIN TOWE	RS SOUTH CONDOMINI	IUM ASSOCIATION,	, INC.
2. The principal	-	201 F 1 4 C OT 4 C DI	VD., STE 1800		
2. 1110 printerpu		FORT LAUDERDALI	E, FLORIDA 33301		
3. The mailing a	iddress (if diffe	rent):			,
4. Date of incoη	poration/qualifi	ication:	Document numb	ber:	
		of the current registere (If resigned, enter resi	d agent and registered off gned)	fice on file with the $\frac{\sqrt{1}}{2} \sum_{i=1}^{n} a_i$, 2 <u>1</u>
	BECKER & P	OLIAKOFF, P.A.	_		021 SEP
	1 EAST BROV	WARD BLVD., SUITE	800	SVHYS	1
	FORT LAUDI	ERDALE, FL 33301		SEE.	.9 PH
6. The name and (if changed):	d street address	of the new registered a	gent (if changed) and /or	registered office	
	MICHAEL I.	GOLDBERG, COURT-	APPOINTED RECEIVER		
	201 E. LAS O	LAS BLVD., SUITE 180	100		
		P.O	Box NOT acceptable		
	FORT LAUDI	ERDALE, FL 33301			
The street address changed will	ess of its regist be identical.	ered office and the str	eet address of the busine	ss office of its regist	tered agent,
Such change was authorized by the	as authorized b	y resolution duly ador e corporation has been	ted by its board of direc notified in writing of th	tors or by an officer e change.	so
/ \	\smile \setminus	/	Michael I. Goldberg,	, Court-Appointed Rec	eiver
-	re of an officer of			typed name and title	
i juriner agree of my duties, an document is bei	to comply with nd I am familia ing filed merel	ent as registered agent the provisions of all s wwith and accept the y to reflect a change in in writing of this char	· ,	oper ana complete p n as registered agent ldress, I hereby confi	performance t. Or, if this irm that the
	mature of Registates	d Apent	9/8	12021	
If signing on be		•		5 ************************************	
Michael I. Goldb	erg, Court Appo				
1	Thee or a time day	110			