159298

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Landings of Delray Beach Condominium Association, Inc.
. same of Composition
DOCUMENT NUMBER: 759298
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:
Jonathan Franklin, Manager
Name of Contact Person
The LANDINGS OF DEIRAY Firm/Company
790 Andrews Avenue
Address
Delray Beach, FL 33483
City/State and Zip Code
JoJon2B@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonathan Franklin Name of Contact Person at (561) 276-0076 Area Code & Daytime Telephone Number
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 Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	e provisions of sections 607.0502, 617.0502, (nange is submitted for a corporation organized ler to change its registered office or registered	d under the laws of the State o	f Florida	
1. The name of	The Landings of Delray E	Beach Condominium A	Association, Inc.	
2. The principal	al office address: 790 Andrews Avenue	e, Delray Beach, FL 3	3483	
3. The mailing a	address (if different): 790 Andrews Ave	enue, Delray Beach, F	L 33483	
4. Date of incor	rporation/qualification: 7/24/81	Document number: 7592	98	
5. The name and	nd street address of the current registered ager artment of State: (If resigned, enter resigned)			
	St. John Rossin		_	
	1601 Forum Place, Suite 700			
	West Palm Beach, FL 33401		<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Maria S. Leavy/ Leavy Law, P.A.				
			- i	
800 Village Square Crossing, Suite 347 P.O. Box NOT acceptable				
	Palm Beach Gardens, FL 33410	0		
The street addre	ress of its registered office and the street add	ress of the business office of	its registered agent,	
Such change wa authorized by th	vas authorized by resolution duly adopted by the board, or the corporation has been notific	its board of directors or by and in writing of the change.	n officer so	
No colo	ure of an officer or director	Meredith Sadler, President Printed or typed name and		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	t the appointment as registered agent and as to comply with the provisions of all statutes f my duties, and I am familiar with and acce his document is being filed merely to reflect to that the corporation has been notified in wi	gree to act in this capacity. relative to the proper and co pt the obligation of my positi a change in the registered off riting of this change.	omplete on as registered ice address, I	
	gnature of Registered Agent	11/29/16		
	ehalf of an entity:			
Maria S. Le	eavy, Leavy Law, P.A.			

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

Typed or Printed Name