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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Marty Platts
Senior Attorney
Board Certified in Condominium and
Planned Development Law
Phone: 561.820.2870 Fax: 561.832.8987
mplatts@beckerlawyers.com

Becker

Becker & Poliakoff 625 N. Flagler Drive 7th Floor West Palm Beach, FL 33401

September 2, 2020

VIA REGULAR U.S. MAIL

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Seawinds South Condominium Association, Inc.

Document No. 761338

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #164 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

MARTY PLATTS

For the Firm

MP/asm

Enclosures (as stated)

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

| statement of ch | e provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ler to change its registered office or regist | sized under the laws of the State of Florid | a | _ | |
|--|--|---|--|------------------|------|
| | the corporation: Seawinds South Condom | | 4. | | |
| | ol office address: 5080 N OCEAN DR | | | | |
| 3. The mailing: | address (if different): | | | | |
| 4. Date of incor | rporation/qualification: 01/06/1982 | Document number: 761338 | | | |
| 5. The name an Florida Depa | nd street address of the current registered a artment of State: (If resigned, enter resigne | gent and registered office on file with the | | | |
| | Rosenbaum PLLC C/O Steve Braten, Esq. | | rrj (| <u>~</u> | |
| | 250 S. Australian Ave., 5th Floor | | | 1020 SEP -8 | rrac |
| | West Palm Beach, FL 33401 | | | ب ص | 400 |
| 6. The name an (if changed): | ed street address of the new registered ager | nt (if changed) and /or registered office | 388 307 | ė P¥ ¥ | |
| | Marty Platts, Esq. c/o Becker | | ਸਾੜ੍ਹੇ ਜ਼ਿਲ | ည် | • |
| | 625 N. Flagler Dr., 7th Floor | | L E | 8 | |
| | P.O. Box West Palm Beach, FL 33401 | NOT acceptable | | | |
| The street addr | ress of its registered office and the street | address of the business office of its regis | stered agen | ıt, | |
| | ras authorized by resolution duly adopted the board, or the corporation has been no | | | | |
| The second second | ura-nt st. afficer or director | Printed or typed name and little | | | |
| I hereby accept I further agree of my duties, ar document is be corporation ha | t the appointment as registered agent and to comply with the provisions of all state nd I am familiar with and accept the obli- ring filed merely to reflect a change in the is been notified in writing of this change. | d agree to act in this capacity. ues relative to the proper and complete igation of my position as registered agen e registered office address, I hereby con | performan it. Or, if th firm that th | ice his he | |
| | gnature of Registered Agent | 8/10/2020 | | - | |
| _ | ehalf of an entity: | | | | |
| | TY PLATTS | | | | |

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314
CR2EC45 (04/13)

Typod or Printed Name