## 762/70

(Re	equestor's Name)					
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## TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT.	t East Condominium Association, Inc.
4)	Name of Corporation)
DOCUMENT NUMBER: 76217	70
The enclosed Statement of Change of Please return all correspondence conc	Registered Office/Agent and fee are submitted for filing. erning this matter to the following:
Ja	ames N. Krivok, Esquire
	(Name of person)
Dicker	r, Krivok & Stoloff, P.A.
	(Name of firm/company)
1818 Aus	stralian Avenue South, Suite 400
	(Address)
West ]	Palm Beach, FL 33409
	(City/state and zip code)
For further information concerning thi	is matter, please call:
James N. Krivok, Esqui	re at ( )561-615-0123
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made paya	able to the Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	409 E. Gaines Street

Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 607.1508, or 617.508, 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.

Office or registered	agent, or both in	ine siale of Pioriaa.			
1. The name of the o	orporation: P	Parliament Rast	Condominium Assoc	Lation, Inc.	
2. The principal offi	ce address:2	2427 Presidentia	l Way		
	Ţ.	lest Palm Beach,	FL 33401		
3. The mailing address	ss (if different):	n/a			<del></del>
4. Date of incorpora	tion/qualification	n: <b>April 21, 198</b>	2 Document nu	mber; 762170	
5. The name and street of State:	eet address of the	current registered ager	at and registered office on t	ile with the Florida Dep	artment
-	Gary Ag	mello	<del> </del>	<del></del>	•
-	2427 Pr	residential Way			13 JUN 24
-	West Pa	ılm Beach, FL 33	401	·	呈2
6. The name and str (if changed):	eet address of ne	w registered agent (if c	hanged) and/or registered	agent office	
	James N. Kr	ivok, Esquire -	Dicker, Krivok &	Stoloff, P.A.	
_		ılian Avenue Sou			Ę.
	(1		nailbox NOT acceptable)		
The street address of will be identical.	its registered off	ice and the street addre	ss of the business office of	its registored agent, as c	hanged
board, or the corpora		otified in writing of the	Charl	an officer so authorized with the work of	•
I further agree to co duties, and I am fami filed merely to reflect in writing of this cha	mply with the pr liar with and acco t a change in the l inge.	egistered agent and ag rovisions of all statutes cept the obligation of my	ree to act in its capacity. s relative to the proper an oposition as registered ago ss, I hereby confirm that th	ent. Or, if this document	is being
Higning on behalf	vok & Stolo	ff, P.A.	Shareholde (Cana	27	<del></del> -

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

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