764648

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· · · · ·
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Levenett Harse Condominium Assairation, Inc.
2. The principal office address: 120 Sunset Annue ATTN: Monagement Ptothe
Palm Beach, FL 33480
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/23/1982 Document number: 764648
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)
St. John Rossin Podesta + Burr, PLIC
1601 Forum Place, Centurion Tower, Suite 700
Wast Palm Beach, FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rossin & Burr, PLLC 1550 Southern Boulevard, Suite 100 West Palm Beach, FL 33406
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.
Bignature of an officer or director BENJAMIN J WINTER, PILLS 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 Pile Date
If signing on behalf of an entity:
Aller F. Rossin Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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