

764761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

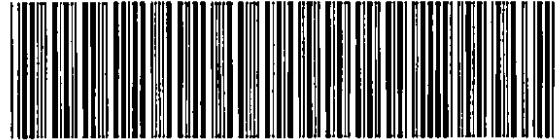
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SECRETARY OF STATE  
TALLAHASSEE, FL

RA/Ro/Chang

CH 21-2

**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: Pine Ridge North II Condominium Association, Inc.
2. The principal office address: 600 Sca Pine Way, West Palm Beach, FL 33415
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 8/31/1982 Document number: 764761
5. 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)  
Jay Steven Levine PA  
11891 U.S. Highway 1 North #100  
North Palm Beach, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Florida Association Attorneys  
11891 U.S. Highway 1 North #100  
P.O. Box NOT acceptable  
North Palm Beach, FL 33408

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.

Marilyn Simonetti  
Signature of an officer or director

MARILYN SIMONETTI - Sec  
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]  
Signature of Registered Agent

4/5/14  
Date

If signing on behalf of an entity:

Breanan Croger for Florida Association Attorneys  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)