765076

(Req	uestor's Name)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
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ACTIVE REAL ESTATE MANAGEMENT ASSOCIATES, INC.

7915 Southwest 17 Terrace, Suite A
Miami, Florida 33155
Office: 786-388-8179 • Facsimile: 786-388-8335
E-mail: activemgt@bellsouth.net

October 6, 2004

State of Florida Division of Corporation Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: PARK SQUARE CONDOMINIUM ASSOCIATION, INC. CHANGE OF REGISTERED AGENT

Gentlemen:

Attached you will find check number 135 in the amount of \$35.00 for the change of registered agent for the above referenced corporation. Also attached is the cover letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations form which the state requires.

Thank you for your cooperation in this matter and should you have any questions, please do not hesitate to contact me.

Sincere!

Cc: Board of Directors

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,
the undersigned corporation organized under the laws of the State of
the State of Florida.
1. The name of the corporation is: Tark Square Consonnum Assectation,
Inc.
2. The mailing address of the corporation is: 1135 HENCION HUNCE
3. Date of incorporation/qualification: 1922 Document number: 765076
4. The name and address of the current registered agent and office;
Sumature territy Mampement Inc. = ?
GLAS S. Foderal Highway # 401
Junt PL 34994
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Lative Real EstATE MUNICIPAL ASSOCIATION.
1915 SW 17 Terrace - Suffe A - Miani, FL 33155
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.
(Statistics of an officer, chairman or vice chairman of the board) (Date)
HME TOSSCHULE TRESICIENT. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to domply 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
If signing on behalf of an entity: (Typed or Printed Name) We get the first of Registered Agent) (Typed or Printed Name)
If signing on behalf of an entity: Books Perser Manager
(Typed or Printed Name) (Capacity)

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