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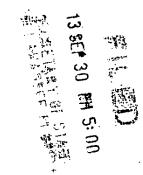
_(Requestor's Name) DICKER, KRIVOK & STOLOFF, P.A. - ATTORNEYS AT LAW -1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FLORIDA 33409 _(Audiess)_ (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer:





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PAChang 10/10/13

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.
1. The name of the corporation: Edon Place Condominum Association, Inc
2. The principal office address: CO Phoenix Mancoment Scalins.
Le131B Lave Locath Road, Lave Worth, FL 33+463
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/7/1983 Document number: 70980
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)
Procoix Management Scruces
1013171 ako wath Road
Lave Worth, FL 33463
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Dicker, Kenoka Stolog, P.A. 1818 Australia Ale South #400 P.O. Box NOT acceptable West-Park Procent, FL 3840
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.
Signature of an officer of director Affector Signature of an officer of director Signature of dire
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 9 10 13 Date
If signing on behalf of an entity: Sto H A Sto loff. Typed or Printed Name

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