7698	77			
6111 Broken Sound Parkway NW	400320642934			
Suite 200 Boca Raton, FL 33487	11/13/1801015018 **35.00			
Certified Copies Special Instructions to Filing Officer:				
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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: HOIly	ywood Beach H	lotel Owners Associa	ition, Inc.	
2. The principal office address: 101 f	N. Ocean Drive	Suite #8, Hollywood	l, FL 33019	
3. The mailing address (if different):	Same as above	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/qualification:	08/18/1983	Document number:	769877	
 The name and street address of the eu Florida Department of State: (If resign 			on file with the	
SKRLD, Inc.				

201 Alhambra Circle, 11th Floor

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

):			<u>, </u>	2618	
Asso	ciated Corporate Services LLC		<u> </u>	33	•
6111	Broken Sound Parkway NW, Suite 200		2 2 2	~	Ē
	P.O. Box NOT acceptable			ω	ſ
Boca	Raton, FL 33487	·		υ	t,
			······································	E.	

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.

MICHERIN TOKIC KELSIDEN (llle) alure of all officer or director 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 dutics, 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. November 7, 2018 Signature of Registered Agent Date Hsigning-on behalf of an entity: Louis Caplan, Esquire 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 (0M12)