

769900

Becker

Becker & Poliakoff
Alhambra Towers
121 Alhambra Plaza
10th Floor
Coral Gables, FL 33134

(City/State/Zip/Phone #)

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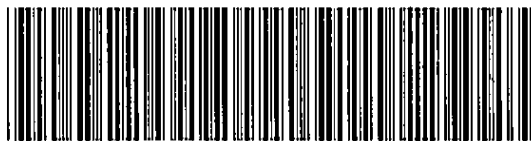
(Business Entity Name)

(Document Number)

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FILED
CLERK OF DISTRICT COURT
JANUARY 15, 2019
CORAL GABLES, FLORIDA

OCT 1

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: Quatrain Condominium II Association, Inc.
2. The principal office address: c/o Association Services of Florida, 10112 USA Today Way, Miramar, FL 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/19/1983 Document number: 769900

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)

Becker & Poliakoff, P.A., c/o Carlos F. Martin, Esq.
121 Alhambra Plaza, 10th Floor
Coral Gables, FL 33134

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

Becker & Poliakoff, P.A., c/o David H. Rogel, Esq.
121 Alhambra Plaza, 10th Floor
Coral Gables, FL 33134

P.O. Box NOT acceptable

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 for the corporation has been notified in writing of the change.



Signature of authorized director

V.P. P. Scott Maxwell, V.P.

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

10/10/18

Date

If signing on behalf of an entity:

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 (03/12)

2018 OCT 15 AM 11:02