770549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

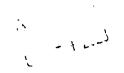
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SURF WAY CONDOMINIUM ASSOCIA	TION, INC.
Name of Corporation	
DOCUMENT NUMBER: 770549	
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
LOUIS L. MONTI, JR.	
Name of Contact Person	
LOUIS I. MONTI. JR., EA, PA.	
Firm/Company	
840 US HIGHWAY ONE	
Address	
NORTH PALM BEACH, FL 33408	
City/State and Zip Code	
LOUMONTI@LLM2EATAX.Co	OM
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
LOUIS L. MONTI, JR.	at (561) 694-0166 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	nartment of State
Elicibles is a 355.00 cheek made payable to the De	p

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

${\color{blue} \bullet}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statute ration organized under the laws of the State of FLORI fice or registered agent, or both, in the State of Florida	DA
1. The name of	the comoration: SURF WAY	CONDOMINIUM ASSOCIATION, INC.	
	al office address: 3110 SURF W	VAY #2	
3. The mailing	address (if different):		
		/1983 Document number: 770549	
	nd street address of the current artment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	HARRISON McWILLIAMS	& CO., INC.	
	3110 SURF WAY #4		
	RIVIERA BEACH, FL 3340	4	
6. The name are (if changed)		egistered agent (if changed) and /or registered office	
	LOUIS L. MONTI, JR.		
	840 US HIGHWAY ONE SU	JITE 415	2: [:1
	NORTH PALM BEACH, FL	P.O. Box NOT acceptable 233408	
The street add as changed wi	ress of its registered office and the identical.	nd the street address of the business office of its regis	stered agent,
Such change vauthorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	er so
3 Kito	rychik	ZINAIDA KITAYCHIK, PRESIDENT	
Signa	pere of an officer or director	Printed or typed name and title	
I hereby accept further agree of my duties, a document is be corporation h	of the appointment as registed to comply with the provision and I am familiar with and ac eing filed merely to reflect a as been notified in writing of	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete scept the obligation of my position as registered ager change in the registered office address, I hereby con this change.	performance it. Or, if this firm that the
Tent (Dunk A	8/28/2023	
	ignature of Registered Agent	Date	
If signing on b	ochalf 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 (04/13)