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COVER LETTER

Mailing Address: Amendment Section Division of Corporations

Enclosed is a \$35.00 check made payable to the Department of State.

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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
1. The name of the corporation: Carmer at the California Club Condominium 1 Associ
2. The principal office address: 4800 N. State Rd 7, Su. x 105 Lauderdale Lakes Fl. 33319
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/27/83 Document number: 77095
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) Raulau KRaar + Associates PA.
Bozu Raton, Fr. 33487 EEE & T
6. The name and street address of the new registered agent (if changed) and /or registered office of the (if changed): Phoenix Management Services First war 4800 N-State Rd 7 7 105 35 35 4 4 4 4 5 4 5 4 5 5 6 5 6 6 6 6 6 6 6
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. Actual Corporation Patricia Corporation
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) 10/13/08 (Date)
If signing on behalf of an entity:
alkfjsaldkfj (Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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