812476

(Requestor's Name)			
(Address)			
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(Business Entity Name)			
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2021 MAR -8 AM 10: 37 SECRETARY OF STATE

RA/RO/change

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Donna DiMaggio Berger, Esq. Shareholder **Board Certified Specialist, Condominium and Planned Development Law Phone: 954,364,6031 Fax: 954,985,4176 dherger@beckerlawyers.com

Becker & Poliakoff I East Broward Blvd. Suite 1800 Ft. Lauderdale, FL 33301

April 5, 2021

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

Re: The Edgewater Arms, Inc.
Document No. 812476

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #9176 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Donna DiMaggio Berger

For the Firm

DDB2/ar Enclosure

14998003v.1 E01589/206386

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ci	hange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
1 The name o	of the corporation: THE EDGEWATER AR	MS, INC.	
2. The princip	al office address: 3600 GALT OCEAN DRI	VE, FT LAUDERDALE, FL 33308	
3. The mailing	g address (if different):		
3. The mailing address (if different): 4. Date of incorporation/qualification: Output Document number: 812476			
5. The name a	nd street address of the current registered a partment of State: (If resigned, enter resign	gent and registered office on file with the	
	Kovacs, Zsolt, MGR (resign	red) Tarji Vance (New Maray	
	3600 GALT OCEAN DRIVE		
	FT LAUDERDALE, FL 33308	<u> </u>	
6. The name at (if changed)	nd street address of the new registered age	nt (if changed) and /or registered office	
	BECKER & POLIAKOFF, P.A.	s 2	
	1 EAST BROWARD BLVD #1800	121 H TAL	
	P.O. Box NOT acceptable		
	FT LAUDERDALE, FL 33301		
		address of the business office of its registered gent	
Such change vauthorized by	was authorized by resolution duly adopte the board, or the corporation has been no	by its board of directors or by an officer so tiffied in writing of the change.	
	dure of an officer or director	Rosemane test pesides t	
I hereby accep I further agree of my duties, a document is b corporation h	ot the appointment as registered agent an e to comply with the provisions of all stat and I am familiar with and accept the obl eing filed merely to reflect a change in th as been notified in writing of this change	d agree to act in this capacity utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
2	?	4/5/2021	
<u> </u>	ignature of Registered Agent	Dato	
If signing on b	pehalf of an entity:		
Donna	DiMaggio Berger		
··	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)