## 813552

(Red	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

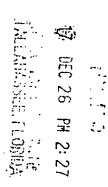
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## **COVER LETTER**

Division of Corporations		
LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS.INC.		
Name of Corporation		
DOCUMENT NUMBER: 813552		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Dana Ives		
Name of Contact Person		
LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS.INC.		
Firm/Company		
8135 LAKE WORTH RD. SUITE B		
Address		
LAKE WORTH, FL 33467		
City/State and Zip Code		
danafi@msn.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Scott Stoloff, Esq. at (561) 615-0123  Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section  Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E945 (93/12)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	the corporation: LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.
2. The principal	office address: 8135 LAKE WORTH RD. SUITE B LAKE WORTH, FL 33467
3. The mailing a	address (if different):
4. Date of incor	poration qualification: 4/25/1959 Document number: 813552
	I street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)
	BECKER & POLIAKOFF, P.A.
	625 NORTH FLAGLER DRIVE 7TH FLOOR
	WEST PALM BEACH, FL 33401
6. The name and (if changed):	Street address of the new registered agent (if changed) and or registered office Dicker, Krivok & Stoloff, P.A.
	1818 South Australian Avenue, Suite 400
The areas wide	West Palm Beach, FL 33409
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.  Is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signalu	DAWA F. IVES Have desil
I hereby occept I further agree to performance of agent. Or, if thi hereby conjum	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
	lature of Registered Agent Date
If signing on bel	nalf of an entity:
Scott A. Sto	
T.	ped of Printed Name