(Req	uestor's Name)	
(Add	Iress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bus	siness Entity Nan	ne)
. (Doo	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



300234978343

RA Change

05/17/12--01013--020 **35.00

FILED

2012 NAY 17 PH 2: 09

SECRETARY OF STATE FALLAHASSEE, FLORIDI

105P 5 /20/12 5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



DONNA DiMAGGIO BERGER, ESQ. dberger@KGBlawfirm.com

May 11, 2012

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: The Cove at French Villas Condominium Association, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL & BERGER

Donna DiMaggio Berger, Esquire Founding Partner

DDB:dts Enclosures

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: The Cove at French Villas Condominium Association, Inc.
2. The principal	office address: Miami Management, Inc., 1145 Sawgrass Parkway
Sunrise, Fl	L 33323
3. The mailing a	ddress (if different): same
4. Date of incorp	poration/qualification: 10/12/2000 Document number: N00000006776
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	THE LAW OFFICES OF KATZMAN & KORR, P.A.
	5297 WEST COPANS RD
	MARGATE FL 33063 US street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered office street address of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if ch
6. The name and (if changed):	er e
	KATZMAN GARFINKEL & BERGER
	5297 WEST COPANS ROAD
· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable
,	MARGATE, FLORIDA 33063
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	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.
- Kell	President Wesley Haber e of an officer or director Printed or typed name and title
	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 performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Statute of Registered Agent
_	half of an entity:

DONNA DIMAGGIO BERGER, ESQ.

Typed or Printed Name

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