## NO 200000942

(Requestor's Name)		
GLAZER & ASSOCIATES, P.A.  CORPORATE PLACE 1920 EAST HALLANDALE BEACH BLVD. SUITE 806 HALLANDALE, FLORIDA 33009		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(230,1000 <b>27,117,</b> 10,170,		
. (Document Number)		
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U3/14/U3--01026--001 \*\*35.00



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1502 the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office the State of Florida.	ce or registered agent, or both, in
1. The name of the corporation: Gables on the Oreen	Condoninium
West Association, Inc.	<del></del>
2. The mailing address of the corporation: 550 Bi / trno	re Vay
Svite 1210, Com Gables, Flo	12/4 33/34
3. Date of incorporation/qualification: 2-7-02 Docum	nent number: <u>N020000094</u> 2
4. The name and address of the current registered agent and registered	office:
Osac Rogge	
550, Bittmore Way	
	3134
5. The name and address of the new registered agent (if changed) and / (P.O. Box NOT Acceptable)	or registered office (if changed):
Glazer + associates, P.A.	1 1
1920, East Hallandale Be	rach Blut
. Hallandale Florida 3	3009
The street address of its registered office and the street address of the agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board.	of directors or by an officer so
Dillomm.	3-11-93 (Date)
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Printed or typed name and title)	
Having been named as registered agent and to accept service of processory of the province of the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the oblineristered agent.	cess for the above stated d agree to act in this capacity. o the proper and complete igation of my position as
	3-11-03 ==
(Signature of Regittiere Atgent)	(Date)
If signing on behalf of an entity:	是是
(Typed or Printed Name)	(Capacity)
*** FILING FEE: \$35.00 ***	FLOST ST
CR2E045(9/00)	
	LLAHASSEE, FL 32314