

NO2000008777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

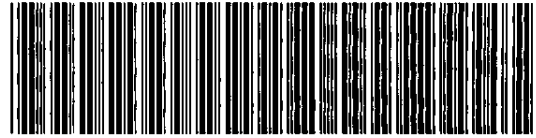
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hillsboro Imperial Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N02000008777

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:

Randall K. Roger, Esq.

Name of Contact Person

Randall K. Roger & Associates, P.A.

Firm/Company

621 NW 53 St. #300

Address

Boca Raton, FL 33487

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall K. Roger, Esq.

Name of Contact Person

at (

561

)

988-5598

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

**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: Hillsboro Imperial Condominium Association, Inc.
2. The principal office address: 1199 Hillsboro Mile Hillsboro Beach, FL 33062

3. The mailing address (if different): c/o Ratliff Management Services, Inc.
P.O. Box 8730 Deerfield Beach, FL 33443

4. Date of incorporation/qualification: _____ Document number: NO2000008777

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)

Shendall & Associates P.A.
c/o TAMAR D. Shendall
3650 N. Federal Hwy. Suite 302
Lighthouse Point, FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Randall K. Roger & Associates, P.A.
621 N.W. 53rd St. Suite 300
P.O. Box NOT acceptable
Doca Raton FL 33487

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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.

Brian F. Sullivan
Signature of an officer or director

Brian F. Sullivan President
Printed or typed name and title

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.

Randall K. Roger
Signature of Registered Agent

OCT 28, 2010
Date

If signing on behalf of an entity:

RANDALL K. ROGER
Typed or Printed Name

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