

NB400000000000202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

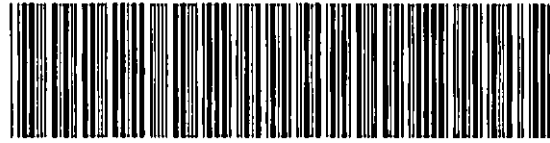
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN -3 PM 5:13
SECRETARY OF STATE
DIVISION OF REVENUE

RIA-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE TOWNHOUSES OF PLANTATION CONDOMINIUM ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: N04000000202

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:

Joseph Spiriti
Name of Contact Person

THE TOWNHOUSES OF PLANTATION CONDOMINIUM ASSOCIATION INC.
Firm/Company

15165 NW 77 Ave, Suite 1001
Address

Miami Lakes, FL 33014
City/State and Zip Code

jspiriti@csgfirm.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Spiriti at (**305**) **463-8808**
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
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: THE TOWNHOUSES OF PLANTATION CONDOMINIUM ASSOCIATION INC.

2. The principal office address: 4787 NW 9TH DRIVE PLANTATION, FL 33317

3. The mailing address (if different): PO BOX 19686 PLANTATION, FL 33318

4. Date of incorporation/qualification: 01/05/2004 Document number: N04000000202

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)
7855 NW 12th Street, Ste. 202 Doral, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
15165 NW 77th Ave., Ste. 1001 Miami Lakes, FL 33014
P.O. Box NOT acceptable

RECEIVED
18 JAN -3 PM 5:13
FLORIDA DEPARTMENT OF STATE
ATTN: ASSISTANT REGISTRAR

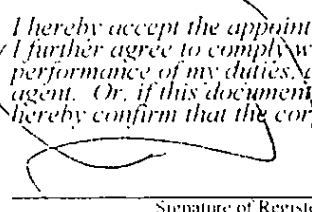
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Signature of an officer or director

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.



Signature of Registered Agent

12/22/2017

Date

If signing on behalf of an entity:
Joseph Spiriti

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