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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: THE TERRACE CONDOMINIUMS INC. Name of Corporation
DOCUMENT NUMBER: N0400005021
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:
Wyath Ault Name of Contact Person
The Terrace Condominiums INC Firm/Company 1555 Gauntlet Hall Manor Davie, FL 33331 Address
1555 Gauntlet Hall Manor Davie, FL 33331 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (94), 292 6829 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
rananassee, i.e. 32317 2001 Executive Center Circle

Tallahassee, FL 32301

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

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement 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.
The name of the composition. THE TERRACE CONDOMINIUMS INC.
. The principal office address: 1551-5 NE 7TH AVENUE, FORT LAUDERDALE, FL
33304
. The mailing address (if different): 15505 GAUNTLET HALL MANOR, DAVIE, FL 33331
. Date of incorporation/qualification: 05/19/2004 Document number: N0400005021
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)
LAW OFFICE OF ROBERT P. RESKE, P.A.
2201 WILTON DRIVE
WILTON MANORS, FL 33305
The name and street address of the new registered agent (if changed) and /or registered office $\stackrel{>}{\sim}$
ROBERT P.RESKE, ESQ. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
309 NE 22 STREET
P.O. Box NOT acceptable WILTON MANORS, FL 33305
the street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Wy Att Ault Office to Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.
Robert Restaure of Registered Agent Signature of Registered Agent Date
Signature of Registered Agent Date f signing on behalf of an entity:
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
CR2E045 (03/12)