## N040000 8144

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ad                                     | ldress)            |           |  |  |
| (Ad                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | ÷#)       |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |

Office Use Only



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## **COVER LETTER**

| TO: | Amendment Section Division of Corporations |
|-----|--|
|     |  |

| SUBJECT: GL             | OBAL CONDOMINIUM                      | M ASSOCIATION, INC.                      |                |
|-------------------------|---------------------------------------|--|----------------|
|                         | Name of                               | Corporation                              |                |
| DOCUMENT NUM            | BER:N0-                               | 4000008144                               |                |
| The enclosed Stateme    | nt of Change of Registered Offi       | ice/Agent and fee are submitted for      | filing.        |
| Please return all corre | spondence concerning this matt        | er to the following:                     |                |
|                         | DANIEL W                              | ASSERSTEIN                               |                |
|                         | Name of C                             | ontact Person                            |                |
|                         | WASSER                                | STEIN, P.A.                              |                |
|                         | Firm/C                                | Company                                  |                |
|                         |                                       | AVENUE, SUITE 100                        |                |
|                         | Λd                                    | dress                                    | _              |
|                         | BOCA RAT                              | ON, FL 33487<br>and Zip Code             | _              |
|                         | danw@wassi                            | ersteinpa.com                            |                |
| E-                      | mail address: (to be used for         | future annual report notification        | <u>n)</u>      |
| For further information | n concerning this matter, please      | call:                                    |                |
|                         | WASSERSTEIN of Contact Person         | at ( 561 ) 28<br>Area Code & Daytime Tel | 38-3999        |
| Name                    | of Contact Person                     | Area Code & Dayitile rei                 | ephone (value) |
| Enclosed is a \$35.00 c | heck made payable to the Depa         | rtment of State.                         |                |
|                         | Mailing Address:<br>Amendment Section | Street Address:<br>Amendment Section     |                |

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

## 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: GLOBAL CONDOMINIUM ASSOCIATION, INC.  |         |
| 2. The principal office address: 3461-B FAIRLANE FARMS ROAD, WELLINGTON, FL 33414   |         |
| 3. The mailing address (if different): N/A  |         |
| 4. Date of incorporation/qualification: 08/19/2004 Document number: N0400008144   |         |
| 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)  |         |
| MICHAEL J. POSNER, ESQ.   |         |
| 4420 BEACON CIRCLE  | ŭi<br>L |
| WEST PALM BEACH, FL 33407   | - C     |
| 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   | :       |
| WASSERSTEIN, P.A.   |         |
| 6501 CONGRESS AVENUE, SUITE 100 PO Box NOT acceptable   |         |
| BOCA RATON, FL 33487  |         |
| 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 for the corporation has been notified in writing of the change.   |         |
| FROPICK A JORN, III  Suphture of an officer or director  Printed or typed name and title Construction  Printed or typed name and title Construction   |         |
| hereby accept the appointment as registered agent and agree to act in this capacity. 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 if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this lociment is being filed merely to reflect a change in the registered office address. I hereby confirm that the orporation has been notified in writing of this change. |         |
| Signature of Registered Agent Date  |         |
| 1'signing on behalf of an entity:   |         |
| DANIEL WASSERSTEIN 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 (8/05)