NH000009073

| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) |
|--|
| (Address) |
| |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Daguera) Number |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



300111010593

10/22/07--01019--016 **35.00



TS OF SHE

1 = ==

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. | |
| I. The name of the corporation: Las Olas River House Condominium Association, In | ; c. |
| 2. The principal office address: 333 Las Olas Way | |
| Ft. Lauderdale, Florida 33301 | |
| 3. The mailing address (if different): Same | |
| 4. Date of incorporation/qualification: 09/22/2004 Document number: N040000 | 009073 |
| The name and street address of the current registered agent and registered office on file with Florida Department of State; | the |
| Marcy H. Kammerman, Esq. | |
| _5900 N. Andrews Avenue, Suite 500 | |
| Fort Lauderdale, Florida 33309 | PASS 07 |
| The name and street address of the new registered agent (if changed) and /or registered offic (if changed): | |
| Randall K. Roger & Associates, P.A. | ILE 22 |
| 621 NW 53rd Street, Suite 300 (P.O. Box NOT acceptable) | AH II: |
| Boca Raton, Florida 33487 | 48 |
| The street address of its registered office and the street address of the business office of its as changed will be identical. | registered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the baard, or the corporation has been notified in writing of the change. | fficer so |
| (Signature of an officer or director) Educid Pome (Printed or typed name and till | rang besident |
| 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 comp of my duties and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address. I hereby corporation has been notified in writing of this change. | lete performance agent. Or, if this confirm that the |
| (Signature of Registered Agent) Sept 15 (Date) | 7 |
| Isigning 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 3: CR2E045 (8/05) | 2314 |

9549251116

SEP 26.2007 13:49 DECRIVED EROM

#/808_00\$