M9400009073

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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TAIL AHASSEE, FLORIDA

TED WELL

E E O 1 2014

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Las Olas River House Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER. NO4000009073

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:

Peter Anderson, Manager

Name of Contact Person

Las Olas River House Condominium Association

Firm/Company

333 Las Olas Way

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

panderson@lorh.net

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

For further information concerning this matter, please call:

Peter Anderson

,954 <u> </u>5

527-9934

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

statement of cha	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut hange is submitted for a corporation organized under the laws of the State of Floric der to change its registered office or registered agent, or both, in the State of Florid	da
1. The name of	of the corporation: Las Olas River House Condominium Associati	ion, Inc.
2. The principal	al office address: Managment Office, 333 Las Olas Way, Fort Lauderdal	le, FL 33301
3. The mailing a	g address (if different):	
4. Date of incor	orporation/qualification: 9/22/2004 Document number: N0400000)9073
5. The name and	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	e
	Randall K Roger & Associates, P.A.	
	621 NW 53 St, STE 300	
	Boca Raton, FL 33487	5.0 ±
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	FILED 14 NOV 10 AH 4: 09 TALLAHASSEE, FLORI
	Gursky Ragan, P.A.	ED AM
	14 NE 1st Ave, 2nd Floor	F STI
	P.O. Box NOT acceptable Miami, FL 33132	D9 ATE RIDA
The street address changed will	dress of its registered office and the street address of the business office of its regi	stered agent,
Such change was	was anthorized by resolution daily adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
lees		ECHTERZ.
I hereby accept I further agree performance of		esident
	Signature of Relistered Agent Noting Control of Relistered Agent Note Not	
If signing on be	behalf of an entity:	
Marnie		
T	Typed or Printed Name	

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