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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Document Number) | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: OCEANVIEW, BUILDING A, CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: IN

N05000000055

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:

David Brough

Name of Contact Person

Brough, Chadrow & Levine, P.A.

Firm/Company

2149 North Commerce Parkway

Address

Weston, FL 33326

City/State and Zip Code

dbrough@bclpa-law.com

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

For further information concerning this matter, please call:

David Brough

,,,954

384-0732

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

| • | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|---|
| - | nge is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> r to change its registered office or registered agent, or both, in the State of Florida. |
| 1 The many of | he corporation: OCEANVIEW, BUILDING A, CONDOMINIUM ASSOCIATION, INC. |
| 2. The name of t | office address: 6501 Congress Avenue, Suite 100 BOCA RATON, FL 33487 |
| 2. The principal | office address: |
| 3 The mailing a | ddress (if different): C/O GRS MANAGEMENT ASSOCIATES, INC. |
| 3900 V | VOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463 |
| 4. Date of incorp | poration/qualification: 01/03/2005 Document number: N0500000055 |
| 5. The name and | street address of the current registered agent and registered office on file with the trent of State: (If resigned, enter resigned) |
| | Brough, Chadrow & Levine, P.A. |
| | 1900 North Commerce Parkway |
| | Weston, FL 33326 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| | Brough, Chadrow & Levine, P.A. |
| | 2149 North Commerce Parkway |
| | Weston, FL 33326 |
| The street addras changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Mu | as authorized by resolution duly adopted by its board of directors or by an officer so he board of the corporation has been notified in writing of the change. |
| I further agrée | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| Sig | mature of Registered Agent Date |
| | whalf of an entity: B R O V b) 1 yped or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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