09/23/2011 09:43 FAX Division of Corporations



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Fax Number : (850)617-6380

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ID MARQUIS CONDOMINIUM HOMES ASSOCIATION, INC. Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$35.00

REGISTERED AGENT CHANGE

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9/23/2011

H11000232664

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.
The name of the corporation: Grand Marquis Condominium Homes Association, Inc. The principal office address: 10145 West Sunrise Blvd., Plantation, FL 33322
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/20/2005 Document number: N05000004094
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)
Rhonda Hollander, P. A.
323 SW 1st Avemue
Dania Beach, FL 33004
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lindsay Raphael, Esq.
110 SE 6th Street, 15th Floor
P.O. Box NOT acceptable
Fort Lauderdale, FL 33301
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, or the corporation has been notified in writing of the change.
Nox Bornel BP.
Brignature of anotiticer or director Printed or typed name and title
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 of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Rapland 9/23/11 Delc Delc
If 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 (8/05)