

NO5000004449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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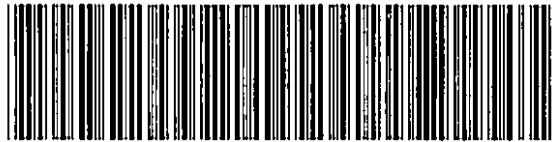
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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AMS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EL-AD Enclave at Miramar

Name of Corporation

DOCUMENT NUMBER: N05000004449

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:

Alejandro Alarcon

Name of Contact Person

Enclave at Miramar

Firm/Company

2001 Renaissance Blvd

Address

Miramar, FL 33025

City/State and Zip Code

Alarcon@me.com

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

For further information concerning this matter, please call:

Alejandro Alarcon

954 432-8110

Name of Contact Person

at () 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

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: EL-Ad Enclave at Miramar Condominium Association, Inc
2. The principal office address: 2001 Renaissance Blvd, Miramar, FL 33025

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04-28-2005 Document number: N05000004449

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)

Steven B. Katz, Esq
4300 N. University Drive, Suite A-106
Lauderhill, FL 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PeytonBolin c/o Michael Mayer, Esq.
3343 W. Commercial Blvd. Suite 100
P.O. Box NOT acceptable
Fort Lauderdale, FL 33309

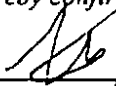
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DEPT. OF STATE

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.

 Alejandro Alarcon
Signature of an officer 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.

 FOR PEYTON BOLIN, PL 7/20/18
Signature of Registered Agent Date

If signing on behalf of an entity:

Michael Mayer
Typed or Printed Name

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