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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: DANE.LEITNER@GRAY-ROBINSON.COM

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DIVISION OF CORPORATIONS
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LLC REGISTERED AGENT CHANGE
ARISSA PLACE CONDOMINIUM ASSOCIATION, INC.

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T. LEMIEUX

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ARISSA PLACE CONDOMINIUM ASSOCIATION, INC.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

613IB LAKE WORTH RD.

GREENACRES, FL 33463

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

613IB LAKE WORTH RD.

GREENACRES, FL 33463

3. Date of filing registration in Florida: 05/23/2005

4. Document number: N05000005328

5. (a) DAMON P.L., WARD

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DAMON P.L., WARD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4420 BEACON CIRCLE

WEST PALM BEACH, FL 33407

(b) GRAY ROBINSON, P.A. C/O DANE LEITNER, ESQ.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

GRAY ROBINSON, P.A. C/O DANE LEITNER, ESQ.

NEW Registered Office Address:

515 FLAGER DRIVE, SUITE 650

WEST PALM BEACH, FL 33401

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

FRANCO E. DEMARCHI

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

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