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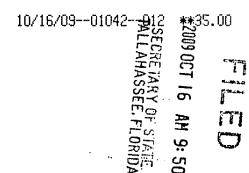
(Requestor's Name)	_						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

1019,0



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Physics

## **COVER LETTER**

TO:	Amendment Sectio Division of Corpora	n ations					
SUBJE	СТ:	Change of Regi	stered Agent Corporation				
DOCU	MENT NUMBER:	N05	000005627	<del></del>			
The enc	losed Statement of	Change of Registered Offic	ce/Agent and fee are submitte	ed for filing.			
Please r	eturn all correspond	lence concerning this matte	er to the following:				
		Richard	d Swartz				
		Name of Co	ontact Person	<del> </del>			
			ominium Association	<del></del>			
		Firm/C	ompany				
		PO Pov	912061				
			812061 Iress				
		Boca Rator	n. Fl. 33481				
Boca Raton, FL 33481 City/State and Zip Code							
	E-mail	address: (to be used for t	future annual report notific	cation)			
			-	·			
For furtl	her information con-	cerning this matter, please	call:				
	Gary	/ Korn	at ( 305 )	935-3500			
	Name of Co	ntact Person	at ( 305 ) Area Code & Daytim	e Telephone Number			
Enclosed	d is a \$35.00 check	made payable to the Depar	tment of State.				
		•					
	<u>Ma</u>	iling Address: nendment Section	Street Address: Amendment Sec	tion			
		vision of Corporations	Amendment Sec Division of Cor				
		D. Box 6327	Clifton Building	•			
	. –	lahassee, FL 32314	2661 Executive				
		·	Tallahassee, FL	32301			

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of Florida	
1. The name of t	he corporation: Devco	Plaza Condo	ominium Associati	on, Inc	
2. The principal	office address: 5350 W	est Atlantic Ave	enue		
		Beach, FL 334			
3. The mailing a	ddress (if different): P.C	D. Box 812061			
		ca Raton, FL 33	481		
4. Date of incorp	oration/qualification:	5/31/2005	Document number:	N05000005	627
	street address of the cur tment of State: (If resign		at and registered office on	file with the	
	Andrew Steinberg	RESIGNED		SECRETARY TALLAHASSE	2009 000 116
6. The name and (if changed):	street address of the nev	v registered agent (	f changed) and /or register	LOF	AH 9: 50
	6338 Old Medinah	Circle			
		P.O. Box NOT ac	ceptable		
	Lake Worth, FL 33	463			
The street addre as changed will	ess of its registered offic be identical.	e and the street ade	dress of the business offic	ce of its registered	agent,
Such change wa authorized by th	as authorized by resolutive board or the corporat	on duly adopted b tion has been notif	y its board of directors or led in writing of the chan	by an officer so ge.	
Signatur	e of in officer or director		Stephen Pacoc		
l further agree t of my duties, an document is bei	the appointment as reg to comply with the provi d I am familiar with an ng filed merely to reflec peen notified in writing	isions of all statute d accept the obliga et a change in the r	ngree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,	ity, nd complete perfor gistered agent. Or, I hereby confirm th	mance if this at the
	nature of Registered Agent		October 1	3, 2009	
If signing on be	half of an entity:				
Т.	mad or Brinted Mame				

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

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