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N05000006607

(Red	questor's Name)	
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(City	y/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Only	1 /



04/09/21--01014--014 **35.00

RALPOLONUME

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

1. The name of the corporation: _____ Ealms Center Condominium Association, Inc.

2. The principal office address: 2141 S Alternate AIA, Suite 100

Jupiter, FL 33477

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 06/24/2005 Document number: N05000006607

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)

	Levine Law Group			
	2500 N Military Trail Suite 283		2021	
	Boca Raton, FL 33431	TALL	HΑ	77
5. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		TARY OF	-9	
	Florida Association Attorneys		AM 10:	\mathbf{O}
	11891 U.S. Highway 1 North #100	E STE	:: 38	
	P.O. Box NOT acceptable			

North Palm Beach, FL 33408

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.

ð naturo of an officer or director

Louis J. KASo, Tres. Printed or typed name and title resident

I hereby accept the appointment as registered agent and agree to act in this capacity. If wither agreet 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 accument 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.

Signature of Registered Agent

If signing on behalf of an entity:

BRANIS	Gnja	For Plunda	Association	Attomeys
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 (04/13)