Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will ger	nerate another cover sheet.	1 4 1 1	ر ر
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To:	Division of Cor	rporations	<u> </u>	7
		: (850)617-6380		A.S.
From:				Ċ
•	Account Name	: RITTER, ZARETSKY, LIEBER &	JAIME,	ĻĮ
	Account Number	: 120010000015		•
	Phone	: (305) 372-0933		
	Fax Number	: (305) 704-8111		

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

## REGISTERED AGENT CHANGE ISCONTI CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registered.	ized under the laws of the State of Florida
1. The name of the corporation: Visconti Condomin	nium Association, Inc.
2. The principal office address: 9000 W. Atlantic E Coral Springs, Florida 33071	
3. The mailing address (if different):	
4, Date of incorporation/qualification:	Document number: N05000007098
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	
Katzman Garfinkel & Berger	
5297 W. Copans Road	
Margate, Florida 33063	
6. The name and street address of the new registered age (if changed):	
Ritter, Zaretsky, Lieber & Jai	
2915 Biscayne Blvd., Suite 3	
Miami, Florida 33137	встраок
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tifled in writing of the change.
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refunded the confirm that the corporation has been notified it	d agree to act in this capacity, utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.
	1/24/13
Signature of Registered Agent	Date
It signing on behalf of an entity:	
Typed or Printed Name	• •
/* * * Filing FE	E: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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