

N060000001267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

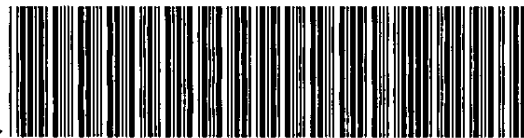
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JUL 23 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellington Reserve Office Park - Building B Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000001267

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:

Earl Olitzky

Name of Contact Person

C.A.M.S.

Firm/Company

1037 So. State Road 7, Ste. 302

Address

Wellington, FL 33414

City/State and Zip Code

earlolitzky@cams-propmgmt.com

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

For further information concerning this matter, please call:

Earl Olitzky

Name of Contact Person

at (**561**) **738-0061, 16**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2013

EARL OLITZKY
C.A.M.S.
1037 S STATE ROAD 7 STE 302
WELLINGTON, FL 33414

SUBJECT: WELLINGTON RESERVE OFFICE PARK - BUILDING B
CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000001267

We have received your document for WELLINGTON RESERVE OFFICE PARK - BUILDING B CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown
Regulatory Specialist II

Letter Number: 013A00016254

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: Wellington Reserve Office Park - Building B Condominium Association, Inc.
2. The principal office address: C/O 1037 So. State Road 7, Ste. 302, Wellington, FL 33414

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/02/2006 Document number: N06000001267

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)

IERNA, LYNN-ANN 1475 W. CYPRESS CREEK ROAD, SUITE 202, FT. LAUDERDALE, FL 33309

Resigned

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

Carlos Segrera, 696 N.E. 125th Street, North Miami, FL 33161

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

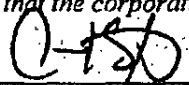
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mark Kassal

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.


Signature of Registered Agent

6/18/13
Date

If signing on behalf of an entity:

Carlos Segrera

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 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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