## Florida Department of State

**Division of Corporations** Public Access System

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Fax Number : (850) 205-0380

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Fax Number : (305) 935-3500 Account Number : I20010000025

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REGISTERED AGENT CHANGE

## PROMENADE AT TRADITION NO. II CONDOMINIUM ASSOCIATIO

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CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida trochange its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: PROMENADE AT TRADITION NO. II CONDOMINIUM ASSOCIATION, INC.	),
	office address: c/o GRS Management Associates, Inc.	
390	O Woodlake Blvd., Suite 309, Lake Worth, FL 33463	
3. The mailing a	address (if different):	
4. Date of incon	poration/qualification: 02/22/2006 Document number: N06000002001	
	i street address of the current registered agent and registered office on file with the timent of State:	
	STEPHEN MARGOLIS	
	825 CORAL RIDGE DR  CORAL SPRINGS FL 33071  CORAL SPRINGS FL 33071	
6. The name and (if changed):	Street address of the new registered agent (if changed) and for registered office  GRS MANAGEMENT ASSOCIATES, INC.  GRS MANAGEMENT ASSOC. TNC.  3900 WOODLAKE BLVD SUITE 309  (P.O. BOX NOT acceptable)  LAKE WORTH FL. 33463	IED
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so the board, of the corporation has been notified in writing of the change.	
I hereby accept I further agree to of my duties, on document is bei copportation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
•	PRIME BOARD OF DIRECTORS.  Chaif of an entity: PROMENADE AT TRADITION NO II CONDO ASSOC.	
ROBEAT	ZULL, , Operations Manager of GRS Management Associates, Inc.	
·	* * * FILING FEE: \$35.00 * * *	
M	Make checks payable to Florida Department of State ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

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