

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

REOMENADE AT TRADITION NO. III CONDOMINIUM ASSOCIATI

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10/17/2006

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ARTHUR 9: 28 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: PROMENADE AT TRADITION NO. III CONDOMINIUM ASSOCIATION, INC
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/22/2006 Document number: N06000002002
The name and street address of the current registered agent and registered office on file with the Florida Department of State;
STEPHEN MARGOLIS
825 CORAL RIDGE DR
CORAL SPRINGS FL 33071
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GRS Management
3900 WOOTICKE BIVEL SUITE 309 (P.O. BOX NOT ECCEPTABLE)
Lake Worth, FL 33463
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.
LYNDA-ST. JULIEN LYNDA-ST. JULIEN (Printed or typed name and orie)
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) LCAM (Date)
If signing of behalf of an entity: \(\int \text{DE GLOCAT LCAM} \)
(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 (8/05)