

NO6000006369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

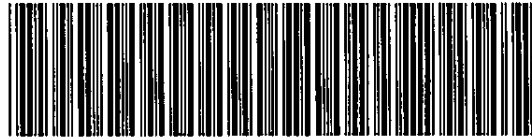
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-5-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELAIRE CLUB AT BOCA RATON CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N06000006369

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:

Oscar Davidson, Jr.

Name of Contact Person

Alliance Residential Company

Firm/Company

9860 SW 3rd St

Address

Boca Raton, FL 33428

City/State and Zip Code

ofdavidson@allresco.com

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

For further information concerning this matter, please call:

Oscar Davidson, Jr.

Name of Contact Person

at (561) 488-7744

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BELAIRE CLUB AT BOCA RATON CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 9860 SW 3rd St  
Boca Raton, FL 33428
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/13/06 Document number: N06000006369

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)

Katzman Garfinkel

1500 W. Cypress Creek Road, Suite 408

Fort Lauderdale, FL 33309

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

BUSH ROSS REGISTERED AGENT SERVICES, LLC

1801 N. Highland Ave

P.O. Box NOT acceptable

Tampa, FL 33602

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

Eric Granowsky, President

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

12/29/16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

John Giordano, VP of Registered Agent  
\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

FILED  
2017 JAN -3 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA