## ND60000008694

· Brough, Chad Row + Levine					
(Requestor's Name)					
1900 NORTH Commerce					
(Address) Parkww					
Weston 7FL 33326					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT . MAIL					
(Business Entity Name)					
(Business Entity Hame)					
(Document Number)					
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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04/25/11--01030--024

RA. Charge

**EXAMINER** 

APR 28 2011

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	nte of Florida	
	•		Condominium Ass		437
3. The mailing a	ddress (if different):				
4. Date of incor	poration/qualification:	08/16/2006	Document number:	N060000086	594
	I street address of the curr tment of State: (If resigne		nt and registered office on	file with the	
	ASSOCIATION LA	W GROUP, PL			
	1666 KENNEDY C	SWY STE 305			
	N BAY VILLAGE F	L 33141 US		<u>-</u>	
6. The name and (if changed):	street address of the new	v registered agent (	if changed) and /or registe	red office	APR 25
	Brough, Chadrow &	& Levine, P.A.			WII:0
	1900 North Comme	erce Parkway	centable		1:07
	Weston, FL 33326				<del>"</del> ;
The street address changed will	ess of its registered offic be identical.	e and the street ad	dress of the business offic	ce of its registered a	igent,
Such change wanth grized by	as pathorized by resoluti	on duly adopted b	y its board of directors or ied in writing of the chan	r by an officer so	
1	re est an officer or director		Printed or typed nai	R SCH	1447
I hereby accept I further agree of my duties, ar document is be corporation ba	the appointment as regi to comply with the provi ad I am familiar with and ing filed merely to reflec s been natified in writing	stered agent and a sions of all statute I accept the obliga I a change in the r g of this change.	agree to act in this capacts relative to the proper a ation of my position as re egistered office address,	ity. nd complete perfori gistered agent. Or, I hereby confirm th	mance if this at the
	A Pagistand Agast		4/5/	11	
Scott J.	that we of Registered Agent chalf of an entity:  LUM, Esq.,  your or Printed Name	for Bra	ngh, Chadow &	lesine A.F.	1_

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