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R. WHITE DEC 17 2019

COVER LETTER

"-	Name of Cor	poration
DOCUMENT NUMBE	N0600	0011162
The enclosed Statement	of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter t	o the following:
	Penny Fl	eming
	Name of Conta	act Person
	CDL Family Offi	ce Services
	Firm/Con	
	505 S. Flagler Driv Addre	ve, Suite 900
	West Palm Beac	h FL. 33401
	City/State and	
	Teamchilean(@cdlcpa.com
E-m		ure annual report notification)
Penr	concerning this matter, please ca	at (561)832-9292 Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Number
inclosed is a \$35.00 che	eck made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	nge is submitted for a c	corporation organize	607.1508, or 617.1508, ed under the laws of the ed agent, or both, in the	State of	
1. The name of t	he corporation: CHILE	AN CONDOMINIUM	OF PALM BEACH ASS	SOCIATION, IN	С
			JE WEST PALM BEACH		
3. The mailing a	ddress (if different):	05 S. FLAGLER DRIV	/E, SUITE 900. WEST P	ALM BEACH F	L, 33401
4. Date of incorp	poration/qualification: _	10/26/2006	Document number:	N0600001116	52
5. The name and Florida Depart	street address of the citment of State: (If resig	urrent registered ager gned, enter resigned)	nt and registered office	on file with the	
		RABIDEAU.	GUY		
	400	0 ROYAL PALM WA	Y, SUITE 404		2
		PALM BEACH, FL	33480 US		E .
6. The name and (if changed):	street address of the no	ew registered agent (if changed) and /or regi	stered office	20
		PENNY FLEM	ING		PH 2:
		CDL FAMILY OFFIC	E SERVICES		သိ
		P.O. Box NOT acco	•	 _	
	505 S. FLGLER	DR. SUITE 900, WES'	T PALM BEACH FL 334	401 —————	
The street address as changed will l	ss of its registered offi be identical.	ce and the street add	lress of the business of	fice of its regis	tered agent.
Such change was authorized by the	s authorized by resolute board, or the corpora	tion duly adopted by ation has been notific	its board of directors o	or by an officeringe.	· so
pla	fle		Penny F	leming	, Manager
I hereby accept t I further agree to performance of r	o comply with the proving duties, and Lam fac	usions of all statutes miliar with and acce	gree to act in this capa relative to the proper pt the obligation of my a change in the registe riting of this change.	city. and complete	rintana d
post	4		11/18/2	019	
ligna	iture of Registered Agent		Date		
If signing on bch	alf of an entity:				
Denny	Hemine				

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

Typed or Printed Name