

NO6364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

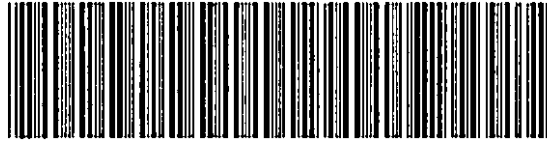
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

APR 03 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golfside Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06364

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:

Steven S. Valancy

Name of Contact Person

Valancy & Reed, P.A.

Firm/Company

310 SE 13 Street

Address

Ft. Lauderdale, Florida 33316

City/State and Zip Code

general@myflalaw.com

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

For further information concerning this matter, please call:

Steven S. Valancy

Name of Contact Person

at (954) 463-1600

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of the corporation: Golfside Condominium Association, Inc.
2. The principal office address: c/o Benchmark Property Management, Inc. 7932 Wiles Road Coral Springs, FL 33067
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/28/84 Document number: N06364

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 Chandler

6535 Nova Drive, Suite 109

Fort Lauderdale, FL 33317

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

Valancy & Reed, P.A.

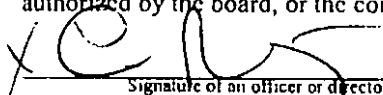
310 SE 13 Street

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33316

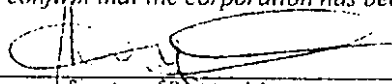
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

CHARLEN MUÑOZ - 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

01-24-23
Date

If signing on behalf of an entity:

Steven S. Valancy

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
CR21:045 (03/12)

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TALLAHASSEE, FL