

N07000001673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

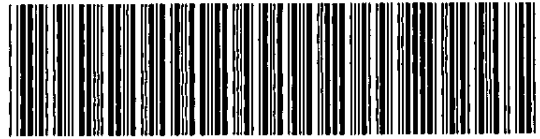
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

3/9/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Las Brisas Villas Condominium Assoc. inc.
Name of Corporation

DOCUMENT NUMBER:

NO7000001673

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 David

Name of Contact Person

Fla. Professional Property Mgmt Assoc.

Firm/Company

2737 E Oakland Pk Blvd #203

Address

Ft Lauderdale FL 33306

City/State and Zip Code

fppmnc@gmail.com

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

For further information concerning this matter, please call:

Steven David

Name of Contact Person

at (954) 980 2643

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

1. The name of the corporation: Lar Brisar Villar Condominium Association Inc.
2. The principal office address: 1200 NE 17 CT
Fort Lauderdale FL 33305
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/15/07 Document number: NO 700000 1673

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)

Royale Management Services Inc
2319 N Andrews Ave
Ft Lauderdale FL 33311

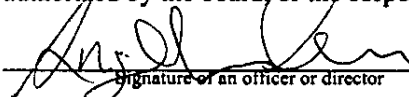
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TALLAHASSEE, FLORIDA

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

Florida Professional Property Management Associates
2737 E Oakland Pk Blvd #203
Ft Lauderdale FL 33306
P.O. Box NOT acceptable

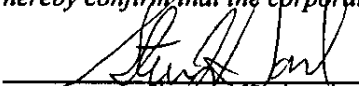
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Angelo Spetsioses Pres
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

3/3/17
Date

If signing on behalf of an entity:

Steven J David
Typed or Printed Name

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