## ND 800000 1459

(Red	questor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		!		

Office Use Only



000262953450

08/08/14--01031--009 \*\*35.00

14 AUG -8 PH 3: 57
SECREIARY OF STATE
TAIL AHASSEE IT ORION

(1 M. 2-18-14

## **COVER LETTER**

Division of Corpora	tions	•		
SUBJECT: Monter	ey South Condon Name of Corpora	minium Association	TAC	
DOCUMENT NUMBER:_	N08000001459	<del>j</del>		
The enclosed Statement of C	Change of Registered Office/Ager	nt and fee are submitted for filing.		
Please return all corresponde	ence concerning this matter to the	following:		
	Marc Wigder, ES  Name of Contact P	Q. ZEC	14 AT	
	Marc Wigder Pr			
	530/ N. Feder Address		PH 3: 5:	
•	Address	<u> </u>	57	
	BUCA RATION FL	. 33477.		
BUCA RATUN FL 334P7.  City/State and Zip Code				
Marco Wigderco, com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mar Wigd Name of Con	at (at (at (at (at (	561 674-000/ Area Code & Daytime Telephone	Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
Amo Div P.O	iling Address: endment Section ision of Corporations Box 6327 lahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	ile	
		Tallahassee, FL 32301		

TO: Amendment Section

## 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, statement of change is submitted for a corporation organized under the in order to change its registered office or registered agent, or	ne laws of the State of Florida
1. The name of the corporation: Mon Kley South Co.  2. The principal office address: 138 North Swin: Delray Beach.	ndominium Association, I ton Avenue FL 33444
3. The mailing address (if different):	
4. Date of incorporation/qualification: $02/12/2008$ Docum	nent number: NO 80000 0 145 9
5. The name and street address of the current registered agent and registered Department of State: (If resigned, enter resigned)  Resigned	
6. The name and street address of the new registered agent (if changed (if changed):  Marc D. Wyder PA  5301 N. Federal HWY  P.O. Box NOT acceptable  BULA PATON, FL 334	Suk 720
The street address of its registered office and the street address of thas changed will be identical.	e business office of its registered agent,
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in writing the signature of an other or director.  I hereby accept the appointment as registered agent and agree to act of a signature of my duty with the provisions of all statutes relative in performance of my duties, and I am familiar or that had accept the organization of this document is being filed marchy to reflect a change	Printed or typed name and title
hereby confirm that the corporation has been notified in writing of t	igation of my position as registered in the registered office address, I his change.  3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mary D. Wigder. ESZ.  Typed or Printed Name	

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