N13544

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer; |
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Office Use Only



COVER LETTER

| SUBJECT: Republic Square Condominium Association In Name of Corporation DOCUMENT NUMBER: N 3 5 4 4 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: Joshua Krut, Esq. Name of Contact Person Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd Stc. 500 Address Fort Lauderdale, FL 33301 |
|---|
| DOCUMENT NUMBER: |
| 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: Joshua Krut, Esq. Name of Contact Person Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd Ste. 500 Address |
| Please return all correspondence concerning this matter to the following: Joshua Krut, Esq. Name of Contact Person Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd Stc. 500 Address |
| Name of Contact Person Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd Stc. 500 Address |
| Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd., Stc. 500 Address |
| Firm/Company 1 West Las Olas Blvd Stc. 500 Address |
| 1 West Las Olas Blvd., Stc. 500 Address |
| Address |
| |
| Fort Lauderdale, FL 33301 |
| |
| City/State and Zip Code |
| krut@kolawyers.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Joshua Krut 31 / 561 3998-2006 |
| Joshua Krut at (561)998-2006 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Street Address: Amendment Section |
| Division of Corporations Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee. FL 32314

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 <u>Florida</u> |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| Republic Square (ondominium Association, Inc. 1. The name of the corporation: |
| 2. The principal office address: 2800 W. State Boad 84, Suite 118, |
| 2. The principal office address: <u>2800 W. State Road 84, Suite 118</u> , Fort Lauderdale, Florida 33312 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: $\frac{2/34/1980}{}$ Document number: $\frac{N13544}{}$ |
| 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) |
| Kopelowitz Ostrow terguson Weiseiberg |
| 200 East Palmetto Park Road # 103 |
| Kopelowitz Ostrow Ferguson Weiseiberg 200 East Palmetto Park Road # 103 Bora Radon, FL 33432 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Kopelowiz Ostrow/Attn: Joshua Krut, Esq. |
| l W. Las Olas Blvd., Stc. 500 |
| P.O. Box NOT acceptable |
| Fort Lauderdale, FL 33301 |
| 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. |
| |
| Statute of an officer or director Statute of an officer or director Statute of an officer or director 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. |
| 05/17/20 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| |
| 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
CR2E()45 (04/13)