N1500000 4349

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COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: Canvas Conde	ominium Association, Inc	
Name of Corporation		
DOCUMENT NUMBER: N15 000	0004349	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter 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		
City/State and Zip Code		
krut@kolawyers.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	e call:	
Joshua Krut	at (561)998-2006	
Name of Contact Person	at (561)998-2006 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address: Amendment Section	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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 Company of the State of The
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Canvas Condominium Association, Inc.
2. The principal office address:
3. The mailing address (it different):
4. Date of incorporation/qualification: 04/25/2015 Document number: N15000004349
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)
Ropelowitz Ostrow, P.A. 200 East Palmetto Park Road, Suite 103
200 East Palmetto Park Road, Suite 103
Boca Raton, FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Konclowiz Ostrow/Attn: Joshua Krut, Eso
Kopelowiz Ostrow/Attn: Joshua Krut, Esq.
1 W. Las Olas Blvd., Stc. 500
P.O. Box NOT acceptable 50 50 50 50 50 50 50 50 50 50 50 50 50
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 Joshan Cut Abone 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 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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