## 13000

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DEC 0 6 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 280513 5021613

AUTHORIZATION :

COST LIMIT : \$ 35'.00

ORDER DATE: December 3, 2021

ORDER TIME : 2:20 PM

ORDER NO. : 280513-005

CUSTOMER NO: 5021613

CHANGE OF AGENT

NAME: WATER TOWER COMMONS MASTER

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submittea	for a corporation	17.0502, 607.1508, or n organized under the l rregistered agent, or b	aws of the State of Flo	orida	
1. The name of t	the corporation:	WATER TOW	R COMMONS MAST	ER ASSOCIATION, IN	1C	
2. The principal office address: 777 S Flagler Drive, Suite 602 West Palm Beach, FL 33401						
3. The mailing a	ddress (if differe	ent):				
4. Date of incorp	oration/qualific	ation:10/24/20	Document Document	t number: <u>N1800001</u>	1350	,
		of the current register. If resigned, enter	stered agent and registe resigned)	red office on file with	the	
	Endelson, Ker	neth M			200	
902 Clint Moore Rd. Suite 202						
	Boca Raton, F	L 33487			် ယ	3
6. The name and (if changed):	street address o	f the new register	ed agent (if changed) a	and /or registered office	Ö	 127 Mayure
	Corporation Se	ervice Company			05	
	1201 Hays Str	eet				
		<del></del>	P.O Box NOT acceptable	-		
	Tallahassee		F	L 32301		
=			street address of the l			
Such change was authorized by th	is authorized by ie board, or the	resolution duly a corporation has b	dopted by its board o een notified in writing	f directors or by an ofi g of the change.	icer so	
list	1./1		KEN	NETH M. ENDELS	SON $\int_{\mathcal{K}_{G\leq 1}}$	ウモルナ
I hereby accept I further agree t of my duties, an document is bein corporation has	d I am familiar ng filed merely i	t as registered as he provisions of a with and accept to to reflect a chang writing of this c	gent and agree to act i all statutes relative to he obligation of my p ge in the registered off	inted or typed name and title in this capacity. The proper and complosition as registered a lice address. I hereby a	ete performance	
By: Drose 2		прапу	11/04/2021			
Sign	nature of Registered A Asst. Vice Presid	lent		Date		
Ty	ped 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
CR2E045 (04/13)

Prepared by: P. Alvarez Reviewed by: M. Tuccio