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SEP 14 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
	andominium Association Inc. Name of Corporation
DOCUMENT NUMBER:	N19653
1	 of Registered Office/Agent and fee are submitted for filing.
	ncerning this matter to the following:
	Name of Contact Person Cos & Goldwyn P.A. Firm/Company HL University Drive # 329 Address
2 So. Plan	Firm/Company HL University Drive #329 Address Fation F1 33324
	City/State and Zip Code iper @ Steven and Soldwyn. Com (to be used for future annual report notification)
For further information concerning	this matter, please call:
Name of Contact Per	at (554) 476 2680 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pa	yable to the Department of State.
P.O. Box 6	Amendment Section [Corporations Division of Corporations
	Tallahassee, FL 32301

CR2E045 (03/12)

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

	607.9502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State ofFio()	
	red office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:	Aspen Condominium Association -	nc.
2. The principal office address: 5	130 Las Verdes Circle	_
Delray Be	ach FL 33484	_
3. The mailing address (if different)	ach FL 33484 1489 W Palmetto Park Road Suit ~ FL 33486	£ 505
Boca Rate	~ FL 33486	_
4. Date of incorporation/qualification:	3/13/1987 Document number: N/9653	
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the igned, enter resigned)	
Bucker A	About Poliakoff & Foelst-11P	
<u>400 S. </u>	Dixie Highway Suit 420	
Boca	Ruton FL 33432	
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office	
Steven	· Goldywyn, P.A.	- [-1
2 5 U 01/1)	P.O. Box NOT acceptable F.O. Box NOT acceptable F.O. 33324 P.O. Box NOT acceptable	
The street address of its registered of as changed will be identical.	fice and the street address of the business office of its registered agent,	
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.	
Signature of an office of director	Rosa L. Morais President	
I hereby accept the appointment as r I further agree to comply with the properties and I am f performance of my duties, and I am f agent. Or, if this document is being the hereby confirm that the corporation	egistered agent and agree to act in this capacity. Avisions of all statutes relative to the proper and complete Amiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.	
Signature of Registered Agent	8/31/1 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
CR2E045 (03/12)