P -

## N24994

(Requestor's Name)		
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700224470347

03/14/12--01021--018 \*\*35.00

SECRETARY OF STATE DIVISION OF CORPORATION

RARDICH8
03/15/12

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

## SUBJECT: SOUTH EAST PLORIDA APARTMENT ASSOCIATION, TNC. Name of Corporation

**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:

SOUTH EAST FLORIDA APARTMENT ASSOC., INC.

1934 HOLLYWOOD BLVD.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations " P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SOUTH EAST FLORIDA APARTMENT ASSOCIATION
2. The principal office address: 1934 HOLLYWOOD BLVD, SUITE 201 HOLLYWOOD, FL 33020
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 02/24/1988 Document number: N24994
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)
DMN COMMUNICATIONS INC/AMC SOURCE
4440 PGA BLVD, SUITE 600
PALM BEACH GARDENS, FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  GARY SCARBORO  1934 HOUNDOOD BLVD SUITE 201
1934 HOLLYWOOD BLVD SUITE 201 P.O. Box NOT acceptable HOLLYWOOD, FL 33020
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.
Perry a. Luco Secretory  Signature of an office 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.
3/01/2012
Signature of Registered Agent Date (
GARY SCARBORS Typed of 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 (8/05)