N34493

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							
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COVER LETTER

TO:	Amendment S Division of C	Section orporations	-W						
SUBJ	ECT: DE'	VON CONDON	MINIUM A ASS Name of Corporat	SOCIATION, IN	IC.				
DOC	UMENT NUMI	BER:	N3449	93					
The e	nclosed Statemen	nt of Change of Reg	istered Office/Agent	t and fee are submitte	ed for filing.				
Please	return all corre	spondence concernir	ng this matter to the	following:					
	Robin F. Frydman, Esq. Name of Contact Person								
THE FRYDMAN LAW GROUP, PLLC									
			Firm/Company						
	100 S. PINE ISLAND ROAD, SUITE #120								
			Address						
	DI ANTATIONI EL 2000 4								
PLANTATION, FL 33324 City/State and Zip Code									
	ROBIN@FRYDMANLAWGROUP.COM E-mail address: (to be used for future annual report notification)								
For fu	ther information	n concerning this ma	tter, please call:						
		F. Frydman, Esq.	ui \	954	533-4705				
	Name o	of Contact Person	` <u>A</u>	rea Code & Daytime	e Telephone Number				
Enclos	ed is a \$35.00 cl	neck made payable t	o the Department of	State.					
		Mailing Address: Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	oorations Center Circle				

TO:

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

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registere	orporation organize	d under the laws of	the State of Flo	orida		
1. The name of	the corporation: DEV	ON CONDOM	INIUM A ASS	OCIATION	I, INC.		
	office address: <u>% CO</u>			ANAGEMEN	T		
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: _	10/02/1989	Document numb	er:	N34493		
	d street address of the current of State: (If resign		nt and registered offi	ce on file with	the		
	THE FRYDMAN L	AW GROUP					
	4.0 -						
	HOLLYWOOD FL	33021 US			SECON SECOND		
6. The name and (if changed):	d street address of the new	w registered agent (i	f changed) and /or r	egistered office			
	THE FRYDMAN L	AW GROUP, PL	LC		EE FLOR		
100 S. PINE ISLAND ROAD, #120							
	PLANTATION, FL	P.O. Box NOT acc	ceptable				
The street addre	ess of its registered offic be identical.	ce and the street add	dress of the busines	s office of its r	egistered agent,		
Such change wa	as authorized by resolut ne board, or the corpora	ion duly adopted by	y its board of direct ed in writing of the	ors or by an of change.	ficer so		
/ My	re of an officer or director		MYRW/	STERN ped name and title	PRES		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the re g of this change.	gree to act in this c s relative to the pro tion of my position egistered office ada	apacity. per and compl as registered a ress, I hereby	ete performance igent. Or, if this confirm that the		
M	nature of Registered Agent		1	1/29/11 Date			
If signing on be	half of an entity:						
	in F. Frydman, Esq.						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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