

N37231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

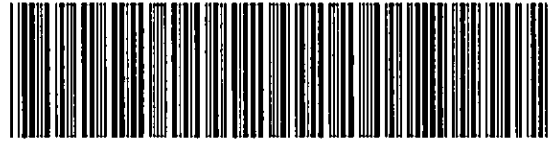
(Business Entity Name)

(Document Number)

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ROSSIN & BURR, PLLC

LAW OFFICES

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West Palm Beach, FL 33406**

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FEB 24 2020

Allen E. Rossin, Esq.
Florida Bar Board Certified
in Civil Trial Law

Robert B. Burr, Esq.
Florida Bar Board Certified
in Condominium and Planned
Development Law

February 21, 2020

Attention: Leslie DiStefano, CAM
Andover at Wycliffe Condominium Association, Inc.
C/O GRS Management Associates, Inc.
3900 Woodlake Blvd., Suite 309
Lake Worth, FL 33463

Re: Andover at Wycliffe Condominium Association, Inc.

Dear Leslie:

Enclosed please find a cover letter and Change of Registered Agent form which I have completed and signed as Registered Agent for the Association. Please have the President print and sign name the form where indicated then mail the cover letter and form, along with a check in the amount of \$35.00 payable to the Department of State, to the mailing address provided on the cover letter. Also include a self-addressed stamped envelope for the Division to return its letter of filing to the Association. Please provide us with copies for our files and let us know if you have any questions.

Very truly yours,

ROBERT B. BURR
For the Firm

RBB/mlw
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Andover at Wycliffe Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N37231

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:

Leslie DiStefano

Name of Contact Person

GRS Management Associates, Inc.

Firm/Company

3900 Woodlake Blvd., Suite 309

Address

Lake Worth, FL 33463

City/State and Zip Code

LDistefano@grsmgt.com

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

For further information concerning this matter, please call:

Leslie DiStefano

Name of Contact Person

at (561)

641-8554

Area Code & Daytime Telephone Number

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: Andover at Wycliffe Condominium Association, Inc.
2. The principal office address: c/o GRS Management Associates, Inc., 3900 Woodlake Blvd., Suite 309,
Lake Worth, FL 33463
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/23/1990 Document number: N37231
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)
Wasserstein, P.A.
301 Yamato Road, Suite 2199
Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rossin & Burr, PLLC
1550 Southern Blvd., Suite 100
West Palm Beach, FL 33406
P.O. Box NOT acceptable

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.

Thomas Costa
Signature of an officer or director

THOMAS COSTA - PRES.
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.

Robert B. Burr
Signature of Registered Agent

2/19/2020

Date

If signing on behalf of an entity:

Robert B. Burr

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 (04/13)