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COVER LETTER

TO: Amendment Section Division of Corporations

	Name of Corporation
DOCUMENT NU	MBER: N39336
The enclosed State	ment of Change of Registered Office/Agent and fee are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	Michael Bakalar, Business Manager
	Name of Contact Person
	, ,
	Bakalar & Associates, P.A.
	Firm/Company
*	450 Courts Discussional Dead Cutto 540
	150 South Pine Island Road, Suite 540 Address
	Address
	,
	Plantation, FI 33324
	City/State and Zip Code
	smartbroke@bellsouth.net
-	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Michael B	akalar, Business Manager at (954) 475-4244
	me of Contact Person Area Code & Daytime Telephone Number
*	

Mailing Address: Amendment Section Division of Corporations P.O: Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section

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 significant 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: Seahorse Oceanside Apartments Condominium / Scarto
2. The principal office address: 201 Van Buren Street, Hollywood, FI 33019
3. The mailing address (if different): 201 Van Buren Street, Hollywood, FI 33019
4. Date of incorporation/qualification: 7/27/1990 Document number: N39336
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)
Bakalar, Michael
1500 South Pine Island Road, Suite 540
Plantation, FI 33324 US.
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):
Bakalar & Associates, P.A.
150 South Pine Island Road, Suite 540
Plantation, FI 33324 US
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.
Signature of an officer or director
Signature of an officer or director Agent for Contegor typed name and title Agent for Contegor typed name and typed name and
Sur PBald Gladia 10 Signature of Registered Agent Dute
If signing on behalf of an entity:
Susan P. Bakalar, Esq. 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 (8/05)