

NY0655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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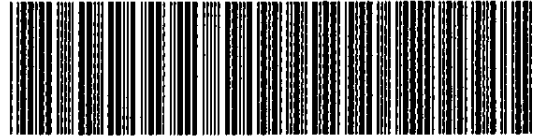
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2011

MICHELLE CASTILLO, CAM
NEW RIVER CENTER MAINTENANCE
C/O LAS OLAS RIV HOUSE 333 LAS OLAS WAY
FORT LAUDERDALE, FL 33301

SUBJECT: NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.
Ref. Number: N40655

We have received your document for NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 111A00023899

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New River Center Maintenance Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N40655

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:

Michelle Castillo, CAM
Name of Contact Person

New River Center Maintenance
Firm/Company

c/o Las Olas River House 333 Las Olas Way
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

michelle@LORH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Castillo at (954) 559-2827 x151#
Name of Contact Person 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

CR2E045 (8/05)

Paid By Check Number: 322 - Paid Amount: \$35.00

**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: New River Center Maintenance Association, Inc.
2. The principal office address: 333 Las Olas Way
Management Office Fort Lauderdale, FL 33301
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/05/1990 Document number: N40655

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)

Nelson, Fabienne

Lauderdale River, Inc C/O CBRE, as agent

200 East Las Olas Blvd, Ste 1270 Ft.Laud., FL 33301

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

Brandi Tyler

c/o CB Richard Ellis, Inc as Agents for Owner

P.O. Box NOT acceptable

200 East Las Olas Blvd, Suite 1270 Ft. Laud., FL 33301

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]
Signature of an officer or director

John Quaintance
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.

[Signature]
Signature of Registered Agent

Date

If signing on behalf of an entity:

Michelle Castillo, Asst. Manager

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

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