## N45963

| (Red                      | questor's Name)   | -           |
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| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
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| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations  |
|--------|---|
| SUBJI  | PORTOFINO CONDOMINIUM SECTION 2 ASSOCIATION, INC  Name of Corporation   |
| DOCU   | N45963<br>MENT NUMBER:  |
|        | closed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |
| Please | return all correspondence concerning this matter to the following:  |
|        | LEE H. BALLARD, ESQ   |
|        | Name of Contact Person  |
|        | LAW OFFICES OF LEE H. BALLARD, P.A.   |
|        | Firm/Company  |
|        | 10100 W SAMPLE RD, THIRD FLOOR  |
|        | Address   |
|        | CORAL SPRINGS, FL 33065   |
|        | City/State and Zip Code   |
|        | law@leeballardlaw.com   |
|        | E-mail address: (to be used for future annual report notification)  |
| For fu | her information concerning this matter, please call:  |
| Lee F  | . Ballard, Esq. 954 874-0180  |
|        | Name of Contact Person at ()  Area Code & Daytime Telephone Number  |
| Enclos | ed 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  |
|---|
| 1. The name of the corporation: Portofino Condominium Section 2 Association, In   |
| 2. The principal office address: 3303 W. Connuical Bud. Ste 170   |
| FF Land J. L. Fr 33309  |
| 3. The mailing address (if different Science  |
| 4. Date of incorporation/qualification: 11/12/19(1) Document number: N 45963  |
| 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)  |
| Bogen Law Group, P.A.   |
| 7351 Wiles Rd. Ste 207  |
| 7351 Wiles Rd. Ste 207  Coral Springs, FL 33067   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Law Offices of Lee H. Ballard, P.A.   |
| 10100 W. Sample Rd. FL 3 P.O Box NOT acceptable   |
| Coral Springs, FL 33065   |
| 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.   |
| John Pilet or typed name and little   |
| 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 of Registered Agent C/28/21  Date   |
| If signing on behalf of an entity:  |
| Lee H. Ballard  Typed or Printed Name   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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