## N47425

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

| то:   | Amendment Section Division of Corporations  |  |  |  |
|---|---|--|--|--|
| SUBJECT: DEVON CONDOMINIUM J ASSOCIATION, INC.  Name of Corporation                           |   |  |  |  |
| DOCU  | MENT NUMBER: N  | 147425   |  |  |
| 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:                     |   |  |  |  |
|   |   |  |  |  |
| Robin F. Frydman, Esq. Name of Contact Person   |   |  |  |  |
|   |   |  |  |  |
| THE FRYDMAN LAW GROUP, PLLC   |   |  |  |  |
|   | Firm/Co   | mpany  |  |  |
|   |   |  |  |  |
| 100 S. PINE ISLAND ROAD, SUITE #120 Address   |   |  |  |  |
| /tduicss  |   |  |  |  |
| PLANTATION, FL 33324  |   |  |  |  |
| City/State and Zip Code   |   |  |  |  |
| ROBIN@FRYDMANLAWGROUP.COM   |   |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |   |  |  |  |
|   |   |  |  |  |
| For furtl   | her information concerning this matter, please ca   | all:   |  |  |
|   | Robin F. Frydman, Esq.  | at ( 954 ) 533-4705<br>Area Code & Daytime Telephone Number  |  |  |
|   | Name of Contact Person  | Area Code & Daytime Telephone Number   |  |  |
| Enclosed  | d is a \$35.00 check made payable to the Departn  | nent 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: DEVON CONDOMINIUM J ASSOCIATION, INC.   |
| 2. The principal office address: % CONSOLIDATED COMMUNITY MANAGEMENT  |
| 7124 NORTH NOB HILL ROAD TAMARAC FL 33321 US  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 02/18/1992 Document number: N47425  |
| 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)  |
| THE FRYDMAN LAW GROUP   |
| 3389 SHERIDAN ST. SUITE AVOU  |
| HOLLYWOOD FL 33021 US   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| THE FRYDMAN LAW GROUP, PLLC   |
| 100 S. PINE ISLAND ROAD, #120   |
| P.O. Box NOT acceptable PLANTATION, FL 33324  |
| 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.   |
| 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. |
| My 554 11/29/11 Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| Robin F. Frydman, Esq.  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 \* \* \*