N94000001590 Requester's Name ne# City/Sta Box 189013 Plantation, FL 33318 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Status Will wait ☐ Mail out <u>AMENDMENTS</u> NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508,	Florida Statutes,	the
-undersigned co	rporation organized under the laws of the .	State of Florida		
submits the follo	owing statement in order to change its regi	stered office or registered	agent, or both, in	the
State of Florida			T	
1. The name of	the corporation is: Granville Condomi	nium G Association,	inc.	1111
<u> </u>		 ·		
2. The mailing a	address of the corporation is: c/o Castle	e Management, Inc.	··· · · •• · · · · · · · · · · · · · ·	<u> </u>
<u>P.O. Box</u>	189013, Plantation, FL 33318		·	
3. Date of incor	rporation/qualification: 03/30/1994	Document number:	N94000001590	-
4. The name and	d address of the current registered agent and	office:		1
	Paul Sapita, President			
_	1280 S.W. 36th Avenue, Suite 30	1	3 66	
_	Pompano Beach, FL 33069		A H	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)				
	Castle Management, Inc.		TO B	
_	4450 West Sunrise Boulevard, Su	ite 100	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
_	Plantation, FL 33313		DE 7	
The street addre	ess of its registered office and the street and, will be identical.	ddress of the business of	fice of its registere	ed
Such change wa	as authorized by resolution duly adopted le board.	by its board of directors	or by an officer so)
			1.100	
(Signature o	of an officer, chairman or vice chairman of the board)	· · · · · · · · · · · · · · · · · · ·	70/99 Date)	
51	Zanlale TUST F	o		
\sim \sim \sim \sim \sim	(Printed or typed name and title)			
Having been nat corporation, I h further agree t performance of t registered agent	med as registered agent and to accept ser ereby accept the appointment as registere to comply with the provisions of all statut my duties, and I am familiar with and acc	rvice of process for the a ed agent and agree to ac es relative to the proper cept the obligation of my	bove stated t in this capacity. and complete position as	
Su	il. Surgenet	August 10, 1	999	
(Si	gnature of Registered Agent)	(Date)		** *
f signing on behalf	f of an entity:			
Gail H. S		Vice President - A	dministration	· .
(T	yped or Printed Name)	(Capacity)	···	- •

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