N94600003146

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DERETARY OF STATE OF A HASSEEL FLORID-

HB OCT 24 PM 1:1

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, Flori statement of change is submitted for a corporation organized under the laws of the State	
in order to change its registered office or registered agent, or both, in the State	of Florida.
1. The name of the corporation: Weldon Condominium G Association, Inc.	•
2. The principal office address: 7124 N. Nob Hill Road, Tamarac, FL 3332	21
	200
3. The mailing address (if different):	38 5
	2 2 万
4. Date of incorporation/qualification: 6/24/1994 Document number: N94	1000003146
5. The name and street address of the current registered agent and registered office on fil Florida Department of State: (If resigned, enter resigned)	e with the
Brough, Chadrow & Levine PA	
1900 N. Commerce Parkway	
Weston, FL 33326	
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	d office
Steven S. Valancy	
311 SE 13 Street	
P.O. Box NOT acceptable	
Fort Lauderdale, FL 33316	
The street address of its registered office and the street address of the business office as changed will be identical.	of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Signature of an officer or director Printed or typed name a	nd 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 performance of my duties, and I am familiar with and accept the obligation of my posagent. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.	complete ition as registered office address, I
Signature of Registered Agent Date	29-16
If signing on behalf of an entity:	
Steven S. Valancy	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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