

NA6 000000667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

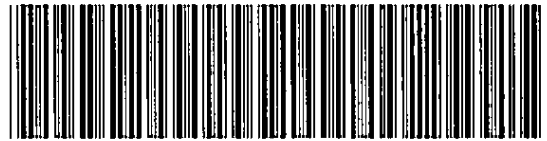
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sea Air Towers Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N96000000667

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:

Anna Reed

Name of Contact Person

Sea Air Towers Condominium Association, Inc.

Firm/Company

3725 South Ocean Drive

Address

Hollywood FL 33019

City/State and Zip Code

president@seair.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Mihailitchenko

at (

954

)

455-3893

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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 FL.*

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sea Air Towers Condominium Association, Inc.

2. The principal office address: 3725 South Ocean Drive
Hollywood, FL 33019

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N96000000667

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)

Joseph Pustizzi, Esq.

3900 Hollywood Blvd, Suite PH-E

Hollywood FL 33021

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

Joseph M. Pustizzi, Esq., The Whisler Law Firm, P.A.

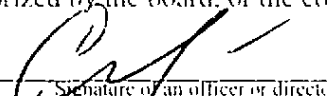
1909 Tyler Street, Suite 501

P.O. Box NOT acceptable

Hollywood FL 33020

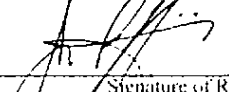
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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 of an officer or director

Anna Reed Board president
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 of Registered Agent

6/14/22
Date

If signing on behalf of an entity:

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
CR2E045 (04/13)