## N9700000 4858

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
. (Ci	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100023505011

10/03/03--01091--011 \*\*35.00

03 0CT -3 PH 2: 20

Hary g

## TRANSMITTAL LETTER

Date:

September 30, 2003

THE RONEY PALACE MASTER ASSOCIATION, INC. SUBJECT: (Name of corporation) N97000004858 DOCUMENT NUMBER: 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: ELISABETH D. KOZLOW, ESQUIRE (Name of person) SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A. (Name of firm/company) 201 Alhambra Circle, Suite 1102 (Address) Coral Gables, Florida 33134 (City/state and zip code) For further information concerning this matter, please call: Elisabeth D. Kozlow, Esquire (Name of person) (Area code & daytime telephone number)

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed is a \$35.00 check made payable to the Department of State.

cc: Mr. William F. Mueller, Roney Associates (with enclosure) VIA REGULAR MAIL

**Street Address:** 

Amendment Section

Mailing Address:

Amendment Section

TO:

Amendment Section Division of Corporations

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

Pursuant to the	e provisions of sections 607.0502,	, 617.0502, 607.1508, or 617.1508	, Florida Statutes,
this statement o	of change is submitted for a corpor	ation organized under the laws of the	ie State of
Florida	in order to change its regi	stered office or registered agent, or	r both, in the State
of Florida.	77 TAN	TT: 741 40T 1440TTD 4000CT4TT	·/>•
1. The name of	the corporation: THE RUP	NEY PALACE MASTER ASSOCIATI	ON, INC.
2. The principal		ins <u>Avenue, M32</u> ch, Florida 33139	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 08/27/1	1997 Document number:	N97000004858
	d street address of the current regisurtment of State:	stered agent and registered office on	file with the
	GREENSPOON, MARDER, HIRS	schfeld, rafkin, ross and e	ERGER, P.A.
	100 West Cypress Creek F	Road, Suite 700	
	Fort Lauderdale, Florida	33309	<del>-</del>
6. The name ar	nd street address of the new regis	stered agent (if changed) and /or re	egistered office (if
changed):	SKRLD, INC.		
	201 Alhambra Circle, Suit	te 1102	
·	(P.O. Box or personal Coral Gables, Florida 331	mailbox NOT acceptable) 134	
The street addreagent, as chang	ess of its registered office and the ed will be identical.	street address of the business offic	e of its registered
Such change wa authorized by the	as authorized by resolution duly a be board, or the corporation has be	dopted by its board of directors or leen notified in writing of the chang	
Nignature of an office	f. charman or vice charman of the board)	WILLIAM F. MUELLER, PRES	SIDENT
I hereby accept I further agree performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacit ill statutes relative to the proper an and accept the obligation of my poled led merely to reflect a change in th tion has been notified in writing of	y. d complete osition as e registered this change.
1 to	Cylli-	9-30-03	
•	ignature of Registered Agent)	(Date)	•
If signing on behal OSCAR R. F	•	VICE PRESIDENT	
	Typed or Printed Name)	(Capacity)	

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