## N99000006050

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03/20/17--01034--014 \*\*35.00



V HERRING MAR 2.2 2017

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

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Florida	
. The name of the corporation: TOWERS OF PORTO VITA - SOUTH TOWER CONDOMINIUM ASSOCIATION, IN . The principal office address: 19955 N.E. 38 COURT, AVENTURA, FL 33180	 1C.
. The mailing address (if different):	
. Date of incorporation/qualification: 10/12/1999 Document number: N9900006050	
. 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)	
Sanford N. Reinhard	
1290 Weston Rd., Suite 201	
Weston, FL 33326	
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	71
2482 Bay Isle Dr.	Ċ.
P.O. Box NOT acceptable	
Weston, FL 33327	
the street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Eugene Kessler, President	
Signature of an officer or director Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent  Date	
Signing on behalf of an entity:	
SANTORD Devahar	
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 \* \* \*