## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000591343)))



H180000591343ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

From:

Division of Corporations

Fax Number

: (850)617-6380

FEB 2 2 2018

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |

## REGISTERED AGENT CHANGE ESSEX HOUSE CONDOMINIUM CORPORATION

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

Electronic Fifing Menu

Corporate Filing Menu

Help

## To: Page 3 of 3

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

| statement of c                                     | hange is submitted for a corporati  | , 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of Delaward or registered agent, or both, in the State of Florida.  |                 |          |  |  |
|--|---|--|-----------------|----------|--|--|
|  |   | CONDOMINIUM CORPORATION  |                 |          |  |  |
|  | oal office address: no change   |  |                 |          |  |  |
| 3. The mailing                                     | g address (if different): no change   |  |                 |          |  |  |
| 4. Date of inco                                    | orporation/qualification: 08/06/198   | Document number: P11046  |                 |          |  |  |
|  | and street address of the current regonatment of State: (If resigned, enter | gistered agent and registered office on file with the er resigned)   |                 |          |  |  |
|  | CORPORATE CREATIONS NETWORK INC.  |  |                 |          |  |  |
|  | 11380 PROSPERITY FARMS ROAD #221E   |  |                 |          |  |  |
|  | PALM BEACH GARDENS, FL 33410  |  |                 |          |  |  |
| 6. The name a (if changed)                         |   | ered agent (if changed) and /or registered office  |                 | FEB 21 / |  |  |
|  | C T Corporation System  |  |                 | <u> </u> |  |  |
|  | c/o C T Corporation System, 1200  | 0 South Pine Island Road   |                 | 9:0      |  |  |
|  |   | ). Box NOT acceptable  | yarra.          | 7        |  |  |
|  | Plantation, Florida 33324   |  |                 |          |  |  |
| The street add as changed wi                       | lress of its registered office and thill be identical.                      | he street address of the business office of its registe  | red agen        | t,       |  |  |
| <del>-</del>                                       | Λ   | adopted by its board of directors or by an officer s<br>been notified in writing of the change.  |                 |          |  |  |
|  | 11/12_  | Jennifer Kurz, Vice President  |                 |          |  |  |
| I hereby accep<br>I further agree<br>performance ( | of hiv dulies, and Lam tamiliar wi  | Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as regi-<br>ly to reflect a change in the registered office addres totified in writing of this change. | stered<br>ss, I |          |  |  |
| Ву: СТО  | orporation System   | 2/21/2018  |                 |          |  |  |
|  | Mature of Registered Agent  | Date   |                 |          |  |  |
|  | pehalf of an entity:  |  |                 |          |  |  |
|  | ed Younan   | _  |                 |          |  |  |
| ASSIST   | ∄nt"Secretary   | ING FEE: \$35.00 * * *   |                 |          |  |  |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

One , removal a subserve from control