190420

(Req	uestor's Name)	1			
(Adda	ress)				
(Addı	ress)				
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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Special Instructions to Fi	ling Officer:				
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144 TARKEE FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	\
SUBJECT: HILLS BORD MICE OC. (Name of corporation)	EANS APARTMENTS, IN
DOCUMENT NUMBER: 190420	
The enclosed Statement of Change of Registered Office/Agent and fee	are submitted for filing.
Please return all correspondence concerning this matter to the followin	g:
CLAIRE R LEE (Name of person)	
C/O HILLSBORD MILE OCEAN APT (Name of firm/company)	5
1045 HILLEBORO MILE (Address)	
HILLSBORD BEACH FL 33 (City/state and zip code)	062
For further information concerning this matter, please call:	
CLAIRE P. I.E.E. at (954) 736-2204 (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 409 E. Gaines Street Tallahassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1 tted for a corporation organized under the laws o		Florida Statutes, th	is statement of in order	
-	nea for a corporation organized intier the taws c gistered office or registered agent, or both, in the	<i>y 1110 211110</i> 0 <i>y</i>		µt or aer	
1. The name of t	the corporation: HILLS BORO N	11(5,00	EAN APA	4RMHEN	75,10
2. The principal	office address: 1045 HILLS	BORO M.	ICE		· <u>-</u>
	HILLSBORO	BEACH	1, FL 3:	3062	
3. The mailing a	address (if different): $P.O.BO$	8686 CA. BEAC	H. FL.	: 33443	
4. Date of incorp		ocument number:	190420		نعاند
	d street address of the current registered agent and timent of State:	l registered office o	on file with the		
	BEOKLE Z. WI	LSON		.	
	APT 15 A 1045 A	LISBORA	MILE	_	
	- HULS BORD BE	ACH, FC	33062	OF A	-
6. The name and (if changed):	i street address of the new registered agent (if cha	unged) and /or regis	stered office	AUG -6	=
, ,	ROBERT KAYE & ASSOCIAT	TES, P.A.		79. PH	E)
	6261 N.W. 6th Way Suite 103	У		FLC	
	For Lauderdale File	33309 (e)		ATE AT A	
				****	بيد .
The street addre	ess of its registered office and the street address identical.	of the business of	ffice of its registere	ed agent, as	
Such change wa	as authorized by resolution duly adopted by its e corporation has been notified in writing of the	board of directors	or by an officer so	authorized by	
Clave	Signature of an officer or director) , Sacratory	· }	ied of typed name and hills		MRY
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agent and agree to comply with the provisions of all statutes reg of familiar with and accept the obligation of my ely to reflect a change in the registered office a writing of this change.	to act in this cape ative to the proper	acity. r and compicte perj	formance of my	,
_ Kolse	(Signature of Registred Agent)	5	-25-0)	£	
If signing on be	half of an entity:		. ,		
~ ~	ERT L. KAYE	treas	dent	····	
	(Typed or Printed Name)		(Capacity)		

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