114507

(Re	questor's Name)	· ·	
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
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RARDIN

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Leisureville Fairway Tw	o Association, Inc.		
	Name of C	orporation		
DOCUMENT NUM	BER:	714507		
The enclosed Stateme	nt of Change of Registered Office	e/Agent and fee are submitted fo	or filing.	
Please return all corre	spondence concerning this matter	to the following:		
	Matthew Zi	frony, Esq.		
	Name of Co	ntact Person		
	Trian Co	a# D A		
Tripp Scott, P.A. Firm/Company				
110 SE 6th Street,15th Floor				
	Add	ress		
	End Londondolo	Fl 1-1 - 00004		
Fort Lauderdale, Florida 33301 City/State and Zip Code				
kak@trippscott.com E-mail address: (to be used for future annual report notification)				
	(, , , , , , , , , , , , , , , , , , , ,	,	
For further information	n concerning this matter, please o	all:		
	Karen Bader	at (954) 6 Area Code & Daytime Te	27-3717	
Name	of Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a \$35.00 c	check made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corpora		
	P.O. Box 6327	Clifton Building		
	Tallahassee, Fl. 32314	2661 Executive Cen	iter Circle	

Tallahassee, FL 32301

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Leisureville Fairway Two Association, Inc.
2. The principal office address: 2850 West Golf Boulevard
Pompano Beach, Florida 33064
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/25/68 Document number: 714507
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)
Becker & Poliakoff, P.A.
one Boca Place
2233 Glades (Voad, Suite 300L
Boca Raton, Florida 33431
2255 Glades Road, Suite 300E Boca Raton, Florida 33431 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Tripp Scott, P.A. 110 SE 6th Street 15th Floor
Tripp Scott, P.A.
110 SE 6th Street, 15th Floor
P.O. Box NOT acceptable
Fort Lauderdale, Florida 33301
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.
State of an officer of director Royal 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 Date
If signing on behalf of an entity: MAHNEW ZIHENU. Esa.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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