

(Re	questor's Name)	_
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3	Desouza Transport 22775 SW 66th Ave # Boca Raton FL 33428 564-305-0182	1 204
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(54	omood Emily Hur	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIB

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: The Edgewood Unit Ten Association, Inc.
	ton, FL 33428
3. The mailing	address (if different): Same
4. Date of incor	poration/qualification: 1/24/85 Document number: 725062
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Mauro S. Ribeiro
	22775 SW 66th Avenue, #204
	Boca Raton, FL 33428
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Associated Corporate Services
	6111 Broken Sound Parkway NW, Suite 200
	P.O. Box NOT acceptable Boca Raton, FL 33487
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signati	or of an officer or director Printed or typed name and fittle
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document if being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	March 10, 2016
	nature of B gistered Agent Date
	thalf of an entity:
Louis Capla	yped or Printed Name
	* * * FILING 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)