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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

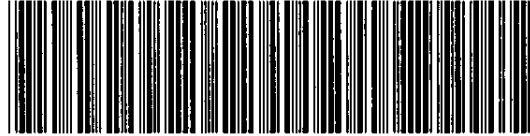
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
JUN 01 2015
LEMEUX

5297 West Copans Road
Margate, Florida 33063
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Attorneys at Law



Mary Ann Chandler, Esq.
MChandler@likeyourlawyer.com

May 22, 2015

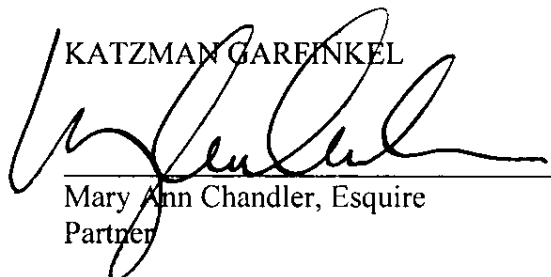
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Isles of Tamarac Homeowners Association, Inc.*
Change of Registered Agent
File No: 09379-001

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL

Mary Ann Chandler, Esquire
Partner

MAC:kmc
Enclosures

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

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: Isles of Tamarac Homeowners Association, Inc.

2. The principal office address: 10500 NW 70th Street
Tamarac, FL 33321

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/01/1978 Document number: 745115

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
1 East Broward Blvd, Suite 1800
Fort Lauderdale, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KATZMAN GARFINKEL
5297 WEST COPANS ROAD
P.O. Box NOT acceptable
MARGATE, FLORIDA 33063

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DEPARTMENT OF STATE

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.

William H. Smith
Signature of an officer or director

William H. Smith
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.

Leigh C. Katzman
Signature of Registered Agent

May 22, 2015
Date

If signing on behalf of an entity:
LEIGH C. KATZMAN, ESQ.
Typed 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