

748729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

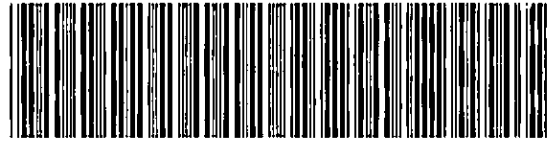
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC-14-209
NOV 12 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pine Ridge IV Condominium Assoc. INC.
Name of Corporation

DOCUMENT NUMBER: 748729

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joanne Martin
Name of Contact Person

First Service Residential
Firm/Company

6300 Park of Commerce Blvd.
Address

Boca Raton, FL 33487
City/State and Zip Code

Joanne.Martin@fsresidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Martin at (561) 989-5083
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Pine Ridge IV Condominium Assoc. INC.

2. The principal office address: 3591 Pine Needle DR Greenacres, FL 33463

3. The mailing address (if different): 6300 Park of Commerce Blvd. Boca Raton, FL 33487

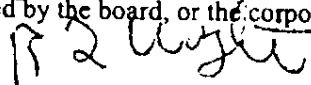
4. Date of incorporation/qualification: 1980 Document number: 748729

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)
Dicker, Krivok & Stoloff, P.A
1818 Australian Ave S Ste 400
West Palm Beach, FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stoloff & Manoff, P.A.
1818 Australian Ave S Ste 400
P.O. Box NOT acceptable
West Palm Beach FL, 33409

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.


Signature of an officer or director

Richard Wright
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

08/23/2019
Date

If signing on behalf of an entity:
Scott Stoloff, P.A.
Typed or Printed Name

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

FILED
-2019 NOV 12 A 05 PM
STATE OF FLORIDA
TALLAHASSEE, FL