

750838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

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15 JUL 29 PM 8:18  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cypress Bend Condominium II Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 750838

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:

Marti Argentino  
Name of Contact Person  
FirstService Residential Management  
Firm/Company  
2204 S. Cypress Bend Drive  
Address  
Pompano Beach, Florida 33069  
City/State and Zip Code  
manager@cypressbendcondo2.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Milberg, Esq. at (561) 244-9461  
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: Cypress Bend Condominium II Association, Inc.
2. The principal office address: 2204 S. Cypress Bend Drive, Pompano Beach, FL 33069
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1-29-80 Document number: 750838

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)

Jennings & Valancy, P.A.

311 S.E. 13th Street

Fort Lauderdale, FL 33316

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

Milberg Klein, P.L.

5550 Glades Road, Suite 500

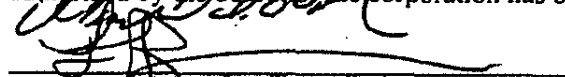
P.O. Box NOT acceptable

Boca Raton, Florida 33431

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DIVISION OF CORPORATIONS

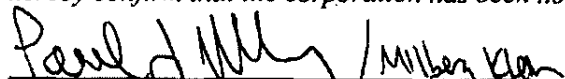
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

MARIE WEBER, TREASURER  
LORI BERGMAN, PRESIDENT 7-27-15  
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

7-22-15  
Date

If signing on behalf of an entity:

Paul J. Milberg / Milberg Klein  
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