

768909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

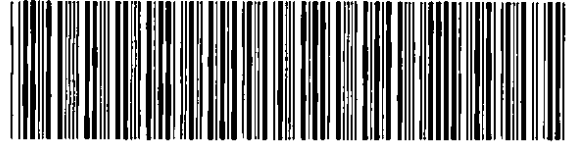
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600414994546

09/01/23--01022--007 **35.00

09/01/23 7:34

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: PGA Village Property Owners' Association, Inc.

2. The principal office address: 2140 NW Reserve Park Trace, Port St. Lucie, FL 34986

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 06/13/1983 Document number: 768909

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)

Jacob E. Ensor, Esq., c/o Ross Earle Bonan & Ensor, P.A.
789 SW Federal Hwy., Suite 101
Stuart, FL 34994

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

Associated Corporate Services, LLC
6111 Broken Sound Parkway NW, Suite 200
P.O. Box NOT acceptable
Boca Raton, FL 33487

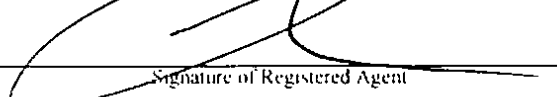
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

George Saylor, President
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

8/23/2023

Date

If signing on behalf of an entity:

Louis Caplan, 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
CR2E045 (04/13)