N03000002549

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C. CARROTHERS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\prime\prime}$.

statement of char	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	the corporation: Tivoli Lakes of Palm Beach County Homeowners Association, Inc.).
2. The principal	l office address: 10135 Tivoli Lakes Blvd., Boynton Beach, FL 33437	
		
3. The mailing a	address (if different): c/o Castle Group, P.O. Box 559009, Fort Lauderdale, FL 3335	5 ———
4. Date of incorp	rporation/qualification: 03/21/2003 Document number: N000002549	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	St. John Rossin Burr and Lemme PLLC	
	1601 Forum Place, Suite 700, Centurion Tower	
	West Palm Beach, FL 33401	TT's
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	
	Associated Corporate Services	(const
	6111 Broken Sound Parkway NW, Suite 200	3
	P.O. Box NOT acceptable	
	Boca Raton, FL 33487	
The street address changed will	ress of its registered office and the street address of the business office of its registered agen Il be identical.	it,
[]	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Printed or typed nime and title	Dies
I further agree performance of agent. Or, if th	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I am that the Corporation has been notified in writing of this change.	
	September 5, 2014	
	Ignature of Registered Agent Date	
If signing on be	pehalf of an entity:	
Louis Capla	an, Esquire Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)