## N06000002523

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	∍ #)
	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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10/06/08--01039--025 \*\*35.00

SECRETARY OF STATE

R.A. Change

10/13/18/

A LAW FIRM DEVOTED PRIMARILY TO THE REPRESENTATION OF COMMUNITY ASSOCIATIONS



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LEIGH C. KATZMAN, ESQ. lkatzman@AskTheFirm.com

October 2, 2008

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

> Re: Cascades at Kissimmee Condominium Association Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the 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 below.

Sincerely,

KATZMAN GARFINKEL

Fol

h C. Katzman, Esq

Donna D. Berger Rachel E. Frydman Alan Garfinkel

Alan Garfinkel Leigh C. Katzman John D. Mallah Kenneth e. Zeilberger

KATHLEEN E. ANGIONE JOHN E. BIBISH IV MARY ANN CHANDLER MICHELE R. CLANCY JAVIER DELGADO JAMES L. DENNIS BRIAN C. DURAN STEPHEN A. FINAMORE

JAMES L. DENNIS BRIAN C. DURAN STEPHEN A. FINAMORE MITCHELL B. HALLER NATALIE A. JACKSON KEITH J. LAMBDIN SAMUEL LANDOL, JR. CHAD S. LUCAS KAREN M. MARCELL PAUL J. MILBERG NERLIN ONTIVERO SHERFE A. OUTTEN RAYMOND A. PICCIN JENNIFER P. PERELMAN TENNILLE M. SHIPWASH LAURENCE TRIAS

Director of Human Resources MARLA S. KASTEL

DAVID P. YON

Director of Finance
INDRANI S. PARSAUD

Director of Operations

CORBYN A. GRIECO

Director of Chent Services
MONICA VELEZ

Firm Administrator
PATRICIA HERMOSA

LCK:hap Enclosures

cc: Board of Directors Property Manager

W wondo hoa/CLIENTS/Cascades at Kassininger COA IncUNFO ASCILetter to Division of Corporations Enclosing Change of Registered Agent Form 10-02-08 wind

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Cascades at Kissimmee Condominium Association Inc.
2. The principal	office address:
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/06/2006 Document number: N06000002523
	street address of the current registered agent and registered office on file with the trnent of State:
	Eric Casola
	4937 Southwest 75th Avenue, B-21
	4937 Southwest 75th Avenue, B-21  Miami, Florida 33173
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office (2)
	Katzman Garfinkel
	1501 Northwest 49th Street, Suite 202
	(P.O. Box NOT acceptable) Fort Lauderdale, Florida 33309
_	ss of its registered office and the street address of the business office of its registered agent, be identical.  Is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
authorized by the	O $C$ $O$
(Signatu	prof an officer or director)  (Pathted or typed name and title)
I hereby accept I further agree t of my duties, an document is bett corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this of filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sig	nature of Registered Agent)  /O08  (Date)
- If signing on bel	half of an entity:
LEIGH C.	KATZMAN FOUNDING PARTNER  yped 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 \* \* \*