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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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OCT 30 2015

5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



Mary Ann Chandler, Esq. MChandler@likeyourlawyer.com

October 21, 2015

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

Re: Willowbrook at Oakleaf Plantation Homeowners Association, Inc.

Change of Registered Agent

File No: 09593-001

Dear Sir / Madam:

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

Sincerely,

KATZMAN GARFINKI

Mary Ann Chandler, Esquire

Partner

MAC:kmc Enclosures

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 nge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: WILLENSPOOK AT DAVITEAS PLANTATION HOLDENALUS ASSO office address: 6620 Southpoint Drive S, Suite 610 JACKSONVILLE, FL 32216
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 10/23/2012 Document number: N12000010077
	I street address of the current registered agent and registered office on file with the tree tree tree tree tree tree tre
	Wasserstein P.A.
	6501 CONGRESS AVENUE - STE. 100
	DOCA BATON EL 22407
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	KATZMAN GARFINKEL, P. A.
	5297 WEST COPANS ROAD
	P.O. BULL NOT acceptable
The street addr	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signati	ure of an officer or director Printed or typed name and title
I hereby dccep I further agree of my daties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflectfa change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	Enature of Registered Agent Date
If signing on b	ehalf of an entity:
	N GARFINKEL, ESQ.
	Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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