## 1034625

(Requestor's Name)
(Address)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Walle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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## COVER LETTER

TO: Am

Amendment Section Division of Corporations

SUBJECT: THE BLUFFS MARINA ASSOCIATION, INC. Name of Corporation	
DOCUMENT NUMBER: N34625	
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:	
DEREK BODCHON, DOCKMASTER	
Name of Contact Person	
THE BLUFFS MARINA ASSOCIATION, INC.	
Firm/Company	~
1377 TIDAL POINTE BLVD.	025
Address	A
JUPITER, FL 33477	2025 APR 18
City/State and Zip Code	α
DEREK@THEBLUFFSMARINAJUPITER.COM	70
E-mail address: (to be used for future annual report notification)	Afi IU: 42
For further information concerning this matter, please call:	7
DEREK BODCHON at (561 )408-3993	
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of FLORIDA
in ord	ler to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: THE BLUFFS MARINA ASSOCIATION, INC.
	1 office address: 1377 TIDAL POINTE BLVD., JUPITER, FL 33477
3. The mailing	address (if different): SAME
4. Date of incor	poration/qualification: 10/10/1989 Document number: N34625
5. The name an Florida Depa	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	REMBAUM, JEFFREY, ESQ.
• -	9121 NORTH MILITARY TRAIL SUITE 200
	PALM BEACH GARDENS, FL 33410
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	KAYE BENDER REMBAUM, P.L.
	1200 PARK CENTRAL BLVD., SOUTH
	P.O. Bux NOT acceptable
	POMPANO BEACH, FL 33064
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa <del>luthorized by th</del>	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	e of an officer or director  Printed or typed name and till
hereby accept further agree to fmy duties, and locument is bein 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 d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng fifed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
1/1/	4-7-25
/ // Sigi	nature of Registered Agent Date
f signing on bel	half of an entity:
Jeffren	A. Rembaum
T	rped 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)