

N410949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

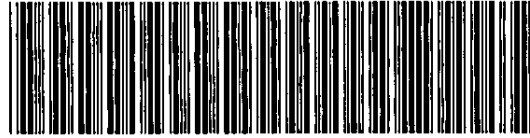
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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K. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOC
Name of Corporation

N40949
DOCUMENT NUMBER:

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:

KimMarie Gugliuzza
Name of Contact Person
Miami Management Inc.
Firm/Company
1145 Sawgrass Corporate Pkwy
Address
Sunrise Fl 33323
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KimMarie Gugliuzza 954 846-8158
Name of Contact Person at () 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALLEGRO AT SAWGRASS MILLS HOMEOWNERS ASSOCIATION,
2. The principal office address: 1145 Sawgrass Corporate Pkwy
Sunrise Fl 33323
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/27/1990 Document number: N40949

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)

UNITED COMMUNITY MANAGEMENT CORP
1784 WEST SAMPLE ROAD #103
CORAL SPRINGS, FL 33065

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

Milberg Klein PL
5550 Glades Rd, Suite 500
Boca Raton, FL 33431

P.O. Box NOT acceptable

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.

*** B. L.
Signature of an officer or director

Brian Hodgers
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]
Signature of Registered Agent

12/15/15
Date

If signing on behalf of an entity:
David Klein
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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA