N94000002688

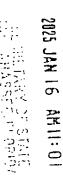
(Requestor's Name)
(Address)
(Address)
(City/State/Žip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/18/25--01013--022 **43.75



COVER LETTER

Name of Contact Person	Area Code & Daytime Telephone Number
Tamar Duffner Shendell	at (954)781-3747 Area Code & Daytime Telephone Number
For further information concerning this matter, plea	ase call:
E-mail address: (to be used for future annual re	рон поинсацоп)
service@shendell-law.com	mart natification)
City/State and Zip Code	
Deerfield Beach, FL 33441	<u></u>
Address	
635 SE 10th Street, Suite 635A	
Firm/Company	
Shendell & Associates, P.A.	
Name of Contact Person	
Tamar Duffner Shendell	•
Please return all correspondence concerning this ma	atter to the following:
The enclosed Statement of Change of Registered O	
DOCUMENT NUMBER: N94000002688	
Name of Corporation	
SUBJECT: O.B.C. HOMEOWNERS ASSOCIATION	. INC.
Division of Corporations	
TO: Amendment Section	

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)

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 unge 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.	
	office address: O.B.C. HOMEOWNERS ASSOCIATION, INC.	
3. The mailing a	address (if different): c/o Dynamic Accounting 6402 NW 5 Way. Fort Laudedale, FL 33309	
4. Date of incorp	poration/qualification: 05/25/1994 Document number: N94000002688	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Lorri M Hill	
	2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Shendell & Associates, P.A.	
635 SE 10th Street, Suite 635A, Deerfield Beach, FL 33441		
	P.O. Box NOT acceptable	
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 authorized by th	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.	
Signatur	re of an officer or director Printed or typed name and title	
I further agree i of my duties, an document is bei	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 ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Sig	mature of Registered Agent Date	
If signing on be	chalf of an entity:	
Tamas	rshendell President	

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

Typed or Printed Name