

N 97 000000 308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

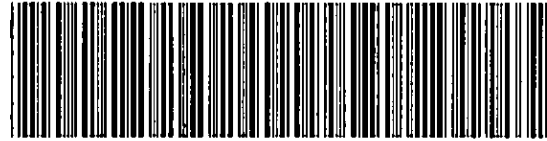
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Encantada At Pembroke Pines Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000000308

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:

Edoardo Meloni, Esq.
Name of Contact Person

The Meloni Law Firm
Firm/Company

1701 NE 164th Street, Suite 303
Address

North Miami Beach, FL 33162
City/State and Zip Code

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

For further information concerning this matter, please call:

Edoardo Meloni at (954) 368-1330
Name of Contact Person Area Code & Daytime Telephone Number

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 AUG 29 PM 12:11

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

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

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

- 1. The name of the corporation: Encantada At Pembroke Pines Community Association, Inc.
2. The principal office address: c/o The Meloni Law Firm
1701 NE 164th Street, Suite 303, Miami, FL 33162-4018
3. The mailing address (if different):

4. Date of incorporation/qualification: 01/21/1997 Document number: N97000000308

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)

Meloni, Edoardo Esq.
840 SW 40th Avenue
Plantation, FL 33317

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

Meloni, Edoardo Esq.
1701 NE 164th Street, Suite 303
P.O. Box NOT acceptable
North Miami Beach, FL 33162-4018

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CORPORATIONS
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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.

* [Signature]
Signature of an officer/director

* [Printed Name]
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

8/11/19
Date

If signing on behalf of an entity:
[Printed Name]
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