

N99000007665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

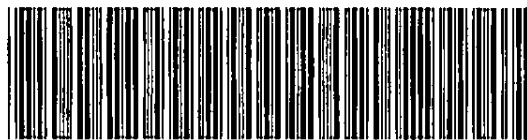
(Business Entity Name)

(Document Number)

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C. BRUMBLEY

FEB 24 2022

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: CASTLE PNES HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: C/O LANG MANAGEMENT COMPANY
790 PARK OF COMMERCE BLVD, SUITE 200, BOCA RATON, FL. 33487
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: _____ Document number: N99000007668
- 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)

ROSSWAY SWAN TIERNY BARR LACEY & OLIVER, P.L.
2101 INDIAN RIVER BLVD SUITE 200
VERO BEACH, FL. 32960

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

KAYE BENDER REMBAUM, P.L.
1211 NORTH WESTSHORE BLVD, SUITE 409
TAMPA, FL. 33607

P.O. Box NOT acceptable

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 DEPT. OF STATE
 TALLAHASSEE, FL

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.

Bala Wild
 Signature of an officer or director

Robin Winkel President
 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

2-11-2022
 Date

If signing on behalf of an entity:

Shawn G. Brown
 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
 CR2E045 (04/13)