

P96000 063 034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

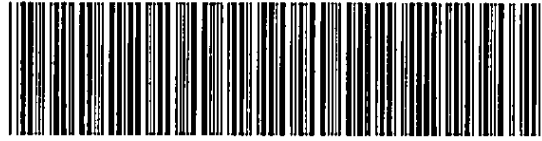
(Business Entity Name)

(Document Number)

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R. WHITE
DEC 07 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Classic Homes of South Florida Inc
Name of Corporation

DOCUMENT NUMBER: P96000063034

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:

SAMUEL BRILL
Name of Contact Person
Classic Homes of South Florida Inc
Firm/Company
3421 South Ocean Boulevard
Address
Highland Beach, FL 33407
City/State and Zip Code
ClassicHomesofSF@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Brill at 954, 685 5418
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
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: Classic Homes of South Florida Inc
2. The principal office address: 3421 South Ocean Boulevard
Highland Beach, FL 33487
3. The mailing address (if different): 3151 Muirfield Road
Center Valley, PA 18034
4. Date of incorporation/qualification: 07/26/1999 Document number: P96000063034
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)

Hoble, Sheri L. CPA, CFP
3300 University Drive Ste 305
Coral Springs, FL 33065

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

Samuel Brill
3421 South Ocean Boulevard
Highland Beach, FL 33487
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.

[Signature]
Signature of an officer or director

Samuel Brill-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

11/15/19
Date

If signing on behalf of an entity:
Samuel Brill
Typed or Printed Name

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

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