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(Re	equestor's Name)	•
(Ad	ddress)	<u></u> .
(Ai	ddress)	·
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/24/06--01006--015 **35.00

DIVISION OF CORPORATIONS
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Florida Department of State, Sandra B. Mortham, Secretary of State

TATEMENT	OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS.	ISTERED
*	AGENT OR BOTH FOR CORPORATIONS	WATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Wedgeval MASTER ASSOCIATION, INC.
2. The mailing address of the corporation is: Clo II+1 Property MGHT, INC. 10191 W. SAMPLE Rd. Stute 203, Coral Springs, FL 33065
3. Date of incorporation/qualification: Document number: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Howard Bampton
90 NW NO AVE
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
James Calderazzo
Clo IJ+L Property Mamt, Iv
10191 W. Sample Rd. Stute 703, Coral Springs, 7L 33065
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.
X fee Warren Marithe deloc
Reputure of an officer, chairman or vice chairman of the board) (Date)
(Pressurer Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
6/22/06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
LIAMES CALCERAZZO YROPERTY Manager (Capacity)

CR2E045(1/95)

FILING FEE: \$35.00