737340

Pembroke Lakes.			
Pembroke Lakes. Townhouses Homeowners Association, Inc. 2201 Cedarwood Avenue Pembroke Pines, Florida 33026-1710 PICK-UP LIVAII (Business Entity Name)			
Pembroke Pines, Florida 33026-1710			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



700162286557



10/30/09--01015--008 **35.00

FILED 2009 DCT 30 PM 3: 20 SECRETARY OF STATE

R12/09

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

		itted for a corpord its registered offic						-
1. The name	e of the corporati	on: Cedarno	ods Tow	nhouses	Home	Orners	Association	, _2
		s: 2201						-
	·	Pembroke	· Pine,	FL	33026	•		
3. The mailin	g address (if diff	erent):	<u> </u>		·			
————————————————————————————————————		· · · · · · · · · · · · · · · · · · ·				·—		
4. Date of inc	orporation/qualif	ication://	19/76	Document	питber:			
5. The name a		of the current reg	,				•	
		3g Kalar	& Eich	iner,	P.A.			
	/	7 5.	Pine I	cland	RA	# 54	4 3	
		01. 11.		3337	. /	<u>,, , , , , , , , , , , , , , , , , , ,</u>	SEC.	
		[/antaj) au	, FC	222	.4	 .	到	۱ ک
	street address o	f the new registere	ed agent (if cha	nged) and	or registere/	d office	55.	つ
(if changed):			2004401				ms.	芝
,	RKO	UGH, CHAE	JROW & L	EVINE	, P.A.		SHIT.	22
_	19	00 N COM		1RKW	4Y		: 500	_
	•	(P.O. Box NOT acc	-	26			. •	
_	·							
he street address changed will be	of its registered identical.	office and the si	treet address o	f the busir	ess office o	of its registe	red agent,	
ich change was a	authorized by re	solution duly add poration has bee	opted by its bo	ard of dire	ctors or by	an officer s	o	
		poration has been	,			_	•	
(Signature o	ran officer or director	5	Lin	(Printed o	OWEK of typed name as		eriden	
ereby accept the	appointment as	registered agent	t and agree to statutes relativ	act in this e to the pr	capacity coper and co	omplete per	formance	
ny duties, and I i ument is being f	am familiar with iled m erely to re	provisions of all s and accept the c effect a change in iting of this chan	obligation of n the registered	ıv positior l office ad	n as register dress, Ther	ređ agent. (eby confirm	Or, if this that the	
poration has the	en cofified in wr	iting of this chan	ge.	,	100/			
All innature	of Registered Agent	· 			(Date)	9		
	-			•	\~uw/	•		
ning on behalf	. + 1		•					
<u>عن ان ک</u>	T J. Levi	NC						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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