730155

(Requestor's	Name)	
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SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	CCT: Journey's End Homeowners Association, Inc. Name of Corporation				
DOCU	MENT NUMBER: 730155				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	Michael E. Gordon, CPA				
	Name of Contact Person				
	Michael E. Gordon, PA CPA Firm/Company				
	T Illii/Company				
	1854 Ebenezer Farm Circle				
Address					
	Marietta, GA 30066-4453 City/State and Zip Code				
	City/State and Zip Code				
	megcpa@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
	Michael E. Gordon at (770) 726-7219 Name of Contact Person Area Code & Daytime Telephone Number .				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclose	ed is a \$35.00 check made payable to the Department of State.				
ί.	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

in orde	inge is submitted for a corporation organized under the laws of the State of Florer to change its registered office or registered agent, or both, in the State of Florer	ida.
	the corporation: Journey's End Homeowners Association, In office address: 9400 South Dadeland Boulevard, Suite 100, Miami	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/21/1974 Document number:	730155
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	he Transfer
	Lee Mandell (resigned)	
	9655 South Dixie Highway, Suite 102	
	Miami, FL 33156	The state of the s
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	A Section
	Edward R. Blumberg	OF TO
	Deutsch & Blumberg, P.A.	Dr.
	P.O. Box NOT acceptable 100 N. Biscayne Boulevard, Suite 2802, Miami, FL 33132	
T)		•
-	ess of its registered office and the street address of the business office of its rebe identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so
Signatui	Edward R. Blumberg, D Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is beit corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby of been notified in writing of this change.	ete performance gent. Or, if this confirm that the
CV Sile	nature of Registered Agent Date	1/2_
If signing on be	half of an entity:	
	yped 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 (8/05)