N44212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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R A R o ch 8

JUN 22 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EGRET POINT HOMEOWNERS ASSOCITATION, INC.
Name of Corporation

DOCUMENT NUMBER: N44212

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:

DENNIS GRIGSBY
Name of Contact Person

CMC MANAGEMENT
Firm/Company

2950 JOG ROAD
Address

GREENACRES, FL 33467
City/State and Zip Code

DENNIS@CMCMANAGEMENT.BIZ
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATTY DELEON at (561) 641-1016
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

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

DENNIS GRIGSBY
CMC MANAGEMENT
2950 JOG RD
GREEN ACRES, FL 33467

SUBJECT: EGRET POINT HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N44212

We have received your document for EGRET POINT HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00010807

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 _____ _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EGRET POINT HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 2950 JOG ROAD
   GREENACRES, FLORIDA 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/1991 Document number: N44212
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)

   ST JOHN, ROSSIN, BURR & LEMME, ESQ
   1601 FORUM PLACE
   WEST PALM BEACH, FL 33401

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

   DICKER, KRIVOK & STOLOFF PA
   1818 AUSTRALIAN AVE SUITE 400
   P.O. Box NOT acceptable
   WEST PALM BEACH, FL 33409

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 of an officer or director

Eduardo Romero
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.

Edward Dicker
Signature of Registered Agent

6/4/15
Date

If signing on behalf of an entity:

Edward Dicker
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 (03/12)