742381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC 21 2021

SIEGFRIED RIVERA

Laura M. Manning-Hudson
lmanning@siegfriedrivera.com

December 1, 2021

Sent Via U.S. Mail
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Capri K Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of $35.00 for the filing of same.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA

Laura M. Manning-Hudson, Esq.

LMM/kmr
Enclosures

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPRI K ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 742381

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:

Billi Stinson, Manager
Name of Contact Person

c/o FirstService Residential
Firm/Company

6300 Park of Commerce Blvd.
Address

Boca Raton, FL 33487
City/State and Zip Code

billi.stinson@fsresidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billi Stinson, Manager at (561) 989-5020
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)

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: CAPRI K ASSOCIATION, INC.
2. The principal office address: c/o FirstService Residential, 6300 Park of Commerce Blvd., Boca Raton, FL 33487
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/13/1978 Document number: 742381
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)

   Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel PA
   201 Alhambra Circle, Eleventh Floor
   Coral Gables, FL 33134

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

   SKRLD, INC.
   201 Alhambra Circle, 11th Floor
   P.O. Box NOT acceptable
   Coral Gables, FL 33134

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

Francine Morrow
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 of Registered Agent

12/1/2021
Date

If signing on behalf of an entity:

Lisa A. Lerner
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)