(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	 us
Special Instructions to Filing Officer:	
Office Use Only	



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EP 07 2017

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

•	•	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut			
· · · · · · · · · · · · · · · · · · ·		corporation organized under the laws of the State of Florid red office or registered agent, or both, in the State of Florid		_	
	-			Inc	
1. The name of the co	orporation: Dee	rfield Beach Gardens Condominium Associ	alion,		
2. The principal offic	ce address: 400	S.E. 10th Street, Deerfield Beach, FL 3344	1		
					
3. The mailing addre	ss (if different): $\frac{1}{1}$				
4. Date of incorporat	ion/qualitication:	11/19/1968 Document number: 715588			
		current registered agent and registered office on file with thingned, enter resigned)	e		
RA	ANDALL K. 🛱	OGER & ASSOCIATES, P.A.			
62	1 NW 53 ST	#300	3 .0	=	
ВС	CA RATON	, FL 33487		SEF	YT1
6. The name and stre (if changed):	et address of the	new registered agent (if changed) and /or registered office	1922	-5 PH	
Sh	endell & Ass	ociates, P.A.		PH 12: 03	\bigcirc
534	40 N. Federa	Highway, Suite 201	2	03	
		P.O. Box NOT acceptable			
Lig	hthouse Poi	nt, Florida 33064			
The street address of as changed will be id	f its registered of dentical.	lice and the street address of the business office of its regi	istered ag	gent,	
		ution duly adopted by its board of directors or by an office ration has been notified in writing of the change.	er so		
Home	fame:	Ligorina VUElma	· fre	sı'0	אריה _ש י
• • /	n officer or director	Printed or typed name and title		_	
I further agree to co. performance of my a agent. Or, if this do	mply with the production of th	gistered agent and agree to act in this capacity, wisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as riled merely to reflect a change in the registered office addust been notified in writing of this change.	egisterec	1	
Hered	O Pro	s. 20 wt 08/17/2017			
Signature	of Registered Agent	Date		_	
If signing on behalf	of an entity:				
Tamar S	DNR nde	11 President			
		* * * FILING FEE: \$35.00 * * *			
Mailt		 s payable to Florida Department of State corporations, P.O. Box 6327, Tallahassee, FL 32314			

CR2E045 (03/12)