722909

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		
		:

Office Use Only



700137578967

11/10/08--01050--002 **35.00

08 NOV 10 AM 9: 20

mer 11, ron

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sandal Foot South One, Inc. (Name of Corporation)
DOCUMENT NUMBER: 722909
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:
Sharn Kasen (Name of Contact Person)
Benchmar Procedy Hant. (Firm!/Company)
7932 Wiles Road (Address)
CONU Spings FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
Sharn Kasen at 954 600 344-5353
(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

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: Sandalfoot South One, Inc.
2. The principal office address: C/O Renchmark Property Mant.
1932 WILES ROOM, COM Spring'S, FZ 33067
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/1972 Document number: 722909
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)
Joshua Gerstin # 5 T
1499 W. Palmetto Bood. Park Load Soiles 472
Boca Raton, FL 33486
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Chapnick Community Association Law P.A.
100 E. Linton BNd. Suite 402 B
Delray Beach, FL 33483
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) Anthony J. CIRILLO (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 posified in writing of this change.
(Signature of Descistered Agent) November 6, 2008 (Date)
If signing on behalf of an entity: Michael E. Chamick, Esq. alkfisaldkfi (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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