## 725355

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)	·	
(City/	/State/Zip/Phone		
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PICK-UP	WAIT	MAIL	
(Busi	iness Entity Nan	ne)	
<b>\</b>	· · · <b>,</b>	··- <b>,</b>	
(5			
(Doc)	ument Number)		
Certified Copies Certificates of Status			
Special Instructions to Fi	ilina Officer		
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Office Use Only



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## **COVER LETTER**

TO:	: Amendment Section Division of Corporations					
SHRI	ECT. BIRCH SQUARE ASSOCIATION, INC.					
Name	ECT: BIRCH SQUARE ASSOCIATION, INC. of Corporation					
DOC	UMENT NUMBER: 725355					
The er	nclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.				
Pleaso	return all correspondence concerning this m	natter to the following:				
DAN	JACOBSON					
Name	of Contact Person	<del></del>				
DANI	EL A. JACOBSON, PA					
Firm/0	Company	<del></del>				
	FERRAMAR STREET					
Addre	rss	<del></del>				
FORT	LAUDERDALE, FL 33304					
City/S	state and Zip Code					
•	DAN@LEXANTTITLE.COM					
E-ma	il address: (to be used for future annual re	eport notification)				
For fu	orther information concerning this matter, ple	rase call:				
DAN	JACOBSON	31 ( 954 ) 467-3191				
	Name of Contact Person	at (954 ) 467-3191  Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Do	epartment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314



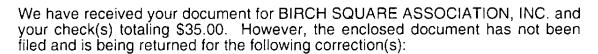
## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2024

DANIEL A. JACOBSON, P.A. 3115 TERRAMAR STREET FORT LAUDERDALE, FL 33304

SUBJECT: BIRCH SQUARE ASSOCIATION, INC.

Ref. Number: 725355



Statement of Change of Registerd Office/Agent must be signed by an officer or director.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 124A00020794

Neysa Culligan Regulatory Specialist III PECE OUR P

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\frac{F}{2}$ is to change its registered office or registered agent, or both, in the State of F.	LORID.		_
	he corporation: BIRCH SQUARE ASSOCIATION, INC			
2. The principal	office address: 3003 TERRMAR STREET, FORT LAUDERDALE, FL 33304			<u> </u>
3. The mailing a	ddress (if different):		-	
4. Date of incorp	poration/qualification: 01/22/1973 Document number: 725355			
	street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	th the		
	KAREN JOHNSON			
	3003 TERRAMAR STREET		21	
	FORT LAUDERDALE, FL 33304	ALLA	)24 O(	
6. The name and (if changed):	FORT LAUDERDALE. FL 33304 street address of the new registered agent (if changed) and /or registered off	HASSEE	2024 OCT 28	F
	DANIEL JACOBSON	, <del>T</del> .	R 7	
	3115 TERRAMAR STREET, #18		7: 52	
	P.O. Box NOT acceptable FORT LAUDERDALE, FL 33304	<b>D</b>		
The street addre	ess of its registered office and the street address of the business office of its be identical.	s registe	red age	nt,
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an eleboard, or the corporation has been notified in writing of the change.	officer s	60	
Signatu	The Manual The Printed or typed name and title	n Pre	5, de	it
I furthèr agrée t of my duties, an document is bei	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 come of all statutes relative to the proper and come of I am fantiliar with and accept the obligation of my position as registered of filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	t agent, sy confir	Or, if i m thát i	nce his the
	nature of Registered Agent Date	202 -	1	_
	half of an entity:			
	yped or Printed Name			

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