## 725689

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2018

DEERFIELD PINES ASSOCIATION, INC 1428 SE 4TH AVENUE OFFICE DEERFIELD BEACH, FL 33441

SUBJECT: DEERFIELD PINES ASSOCIATION, INC.

Ref. Number: 725689

We have received your document for DEERFIELD PINES 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 118A00018159

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	inge is submitted for a corporation organized under the laws of the State of Florida  r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Deerfield Pines Association, Inc.
	office address: Deerfield Pines Association, 1428 SE 4th Avenue, Office Beach, FL 33441
3. The mailing a	ddress (if different):
4. Date of incom	poration/qualification: 02/28/1973 Document number: 725689
5. The name and	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)
	KATZMAN CHANDLER
	1500 W. CYPRESS CREEK ROAD, SUITE 408
	FORT LAUDERDALE, FL 33309
6. The name and (if changed):	SHENDELL & ASSOCIATES, P.A.
	SHENDELL & ASSOCIATES, P.A.
	635 SE 10 STREET, SUITE 635A
	P.O. Box NOT acceptable  DEERFIELD BEACH, FL 33441
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so beard, or the corporation has been notified in writing of the change.
Signific	colored teller - leason letovoce
I further agree to performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
1000°	Mature of Registered Ageht Date
If signing on bel	nalf of an entity:
Tamar	Shendell, President

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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