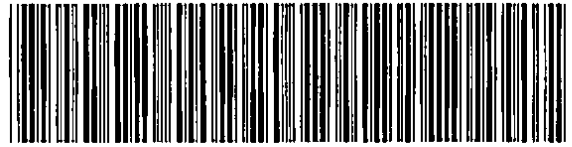


726961



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RA Change

APR 03 2020  
D CUSHING

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WIMBLEDON TOWNHOUSE CONDOMINIUM II ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 726961

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:

ROCHASKA BROWN  
Name of Contact Person

WIMBLEDON TOWNHOUSE CONDOMINIUM II ASSOCIATION, INC.  
Firm/Company

4846 N. UNIVERSITY DRIVE, #434  
Address

LAUDERHILL, FL 33351  
City/State and Zip Code

ATAXWOMAN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MICHAEL BAKALAR at ( 954 ) 282-3715  
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: WIMBLEDON TOWNHOUSE CONDOMINIUM II ASSOCIATION, INC.  
2. The principal office address: 2 S. UNIVERSITY DRIVE, #329, PLANTATION, FL 33321  
3. The mailing address (if different): 2 S. UNIVERSITY DRIVE, #329, PLANTATION, FL 33324

4. Date of incorporation/qualification: 7/17/2012 Document number: 726961

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)

STEVENS & GOLDWYN, PA  
2 S. UNIVERSITY DRIVE, SUITE 329  
PLANTATION, FL 33324

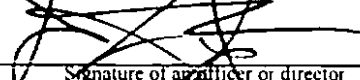
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BAKALAR & ASSOCIATES, PA  
12472 WEST ATLANTIC BLVD  
P.O. Box NOT acceptable  
CORAL SPRINGS, FL 33071

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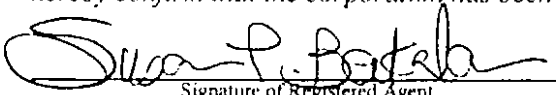
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Rachaska Brown President  
\_\_\_\_\_  
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

2/25/2020  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

SUSAN P. BAKALAR FOR BAKALAR & ASSOCIATES, PA  
\_\_\_\_\_  
Typed or Printed Name

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