

727574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100240570501

10/15/12--01047--017 **35.00

12 OCT 15 AM 10:20

R O / chg
10 10/16/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Temple in the Pines, Inc
Name of Corporation

DOCUMENT NUMBER: _____

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:

Craig Toll, Treasurer
Name of Contact Person

Temple in the Pines, Inc
Firm/Company

5850 S Pine Island Road
Address

Davie, FL 33328
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Cohen at (954) 431-5100
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: Temple in the Pines, Inc.
2. The principal office address: 5850 South Pine Island Road
Davie, FL 33328
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/28/13 Document number: 727574

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)

Kapneck, Avraham
9730 Stirling Road
Cooper City, FL 33024

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

Kapneck, Avraham
5850 South Pine Island Road
P.O. Box NOT acceptable
Davie, FL 33328

RECEIVED
DIVISION OF CORPORATIONS
12 OCT 15 AM 10:20

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.

Craig Toll
Signature of an officer or director

Craig Toll, Treasurer
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.

X [Signature]
Signature of Registered Agent

10/12/13
Date

If signing on behalf of an entity:

N/A
Typed or Printed Name

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