728525

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies Certificates of Status		
Special Instructions to	Cilina Officer	
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SECRETARY OF STATE

JUL 2 4 2013

T. BROWN

TO:

Amendment Section Division of Corporations

Kingswood Association No. 2, Inc.

Name of Corporation

728525

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:

Deborah L. Ross, Esquire

Name of Contact Person

Ross Earle & Bonan, P.A.

Firm/Company

789 S. Federal Hwy, Suite 101

Stuart, FL 34994

City/State and Zip Code

dlr@reblawpa.com

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

For further information concerning this matter, please call:

Deborah L. Ross, Esquire

772 287-1745
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Kingswood Association No. 2, Inc.	
2. The principal	office address: 2950 S.E. Ocean Blvd., Clubhouse #2A, Stuart, FL 34996	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12/31/73 Document number: 728525	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Noel, Maxine A Esq.	
	217 E. Ocean Blvd.	
	Stuart, FL 34994	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Deboran L. Ross, Esquire/Ross Earle & Bonan San San San San San San San San San	
	789 S. Federal Highway, Suite 101	
	P.O. Box NOT acceptable Stuart, FL 34994 P.O. Box NOT acceptable	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, 1 be identical.	
	as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.	
Aside	us) Strassay. X 4NDREW T, STRASSNERS	7/2
I hereby accept I further agree performance of agent—Or, if th hereby confirm	t 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 complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I what the corporation has been notified in writing of this change. Date Da	
If signing on be	ehalf of an entity:	
	Typed or Printed Name	