731138

(Requestor's Name)				
(requester e rieme)				
(Address)				
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VILLAS OF SAINT LAURENT ASSOCIATION Name of Corporation DOCUMENT NUMBER: 731138

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:

DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

at (561 288-399)
Area Code & Daytime Telephone Number DANIEL WASSERSTEIN

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	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid corganized under the laws of the State of registered agent, or both, in the State of	of FLORIDA
		AINT LAURENT ASSOCIAT	
		ENDOME, PEMBROKE PINE	
3. The mailing a	ddress (if different): N/A		
4. Date of incorp	poration/qualification: 11/15/19	Document number: 7311	138
5. The name and Florida Depar	street address of the current regis- trnent of State: (If resigned, enter i	tered agent and registered office on file	<u> </u>
	FLORA GOLDBERG		
	1531 RUE VENDOME		2019 SEC TA
	PEMBROKE PINES, FL	33026	AUG 26
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	ornee o.
	WASSERSTEIN, P.A.		AMII: 3; SEE FU
	301 YAMATO ROAD, SI	UITE 2199	
		lox NOT acceptable	_
	BOCA RATON, FL 3343	<u> </u>	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change wa authorized by th	s authorized by resolution duly acceptance board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so
45 graph	re of an officer or director	Marc Levine Printed or typed name and	President
agent. Or, if the	inv uuues. ana 1 am tamiliar wiin	ent and agree to act in this capacity. Ill statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered of	omplete ion as registered
AM		8/20/2019	
	half of an entity:	Date	
	ASSERSTEIN		
	yped or Printed Name		

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 * * *