733692

| (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: |
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MARETARY OF SOME

5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486,7782

Attorneys at Law



DONNA DIMAGGIO BERGER, ESQ. dberger@KGBlawfirm.com

July 18, 2011

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> Re: Paradise Gardens Section III Maintenance Association, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL & BERGER

Donna DiMaggio Berger, Esquire

Managing Partner

DDB:dts **Enclosures**

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: Paradise Gardens Section III Maintenance Association | on, inc |
| 2. The principal office address; 6935 Margate Blvd | |
| Margate, FL 33063 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 08/29/1975 Document number: 733692 | |
| 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) | |
| Beth Lindie | |
| 400 SE 6th Street | |
| Fort Lauderdale, FL 33301 | Ż. |
| (if changed): 물등 r | 11 27 注 |
| KATZMAN GARFINKEL & BERGER | P M |
| 5297 WEST COPANS ROAD | r. |
| P.O. Box NOT acceptable MARGATE, FLORIDA 33063 | 0. |
| The street address of its registered office and the street address of the business office of its registered ager as changed will be identical. | ıt, |
| 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. | |
| MILDRED DLESTER - PRES, DEDT Signature of an officer of director 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 performan of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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. | ice his he |
| Signature of Bogistered Agent | _ |
| If signing on behalf of an entity: | |
| DONNA DIMAGGIO BERGER, ESQ. | |

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

Typed or Printed Name