734678		
(Requestor's Name) (Address) (Address)	800391964338	
(City/State/Zip/Phone #)	08/09/2201017003 ++25.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

SUBJECT: Sandalwood Homeowners Association, Inc. Name of Corporation

## DOCUMENT NUMBER: 734678

The enclosed Statement of Change of Registered Office/Agent and fcc arc submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott J. Lee, Esq.		
Name of Contact P	erson	
SJW Law Group, Pf	TC	
Firm/Company		
12300 South Shore I	Boulevard, Suite 202	
Address		. <u> </u>
Wellington, Florida	33414	
City/State and Zip	Code	
	Scott@sjwlawgroup.com	

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

For further information concerning this matter, please call:

Scott J. Lee, Esq.	at ( <sup>561</sup>	) <sup>340-4555</sup>
Name of Contact Person	Arca Coo	ic & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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: Sandalwood Homeowners Association, Inc.

2. The principal office address: CMC Management Inc. 2950 Jog Road, Greenacres, Florida 33467

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: <u>12/23/1975</u> Document number:

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)

MOSKOW, MANDELL, SALIM, & SIMOWITZ P.A.

800 CORPORATE DRIVE, Suite 500

FT. LAUDERDALE, FL 33334

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

Scott J. Lee, Esq.

12300 South Shore Boulevard, Suite 202

P.O. Box NOT acceptable

Wellington, Florida 33414

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

A-1-22 Printed of lyped 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 tam 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

734678

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If signing on behalf of an entity:

**[vned or Printed Name** 

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)