

7360245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

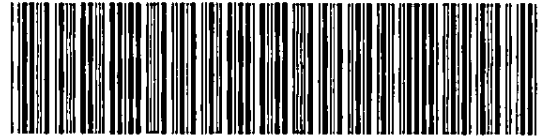
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UHS
1-14-19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Horizons of Boca Lago Condominium Association
Name of Corporation

736245

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:

David Klein

Name of Contact Person

Millberg Klein PL

Firm/Company

5550 Glaes Rd, Suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

David Klein

561

2449461

at (_____) _____

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOC
2. The principal office address: 9039 VISTA DEL LAGO BOCA RATON, FL 33428-3149
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/30/1976 Document number: 736245

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)

INVIDIATA, BARBARA c/o BOCA LAGO MANAGEMENT
9039 VISTA DEL LAGO
BOCA RATON, FL 33428

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

Milberg Klein PL
5550 Glades Rd, Suite 500
Boca Raton, FL 33431

P.O. Box NOT acceptable

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 authorized by the board or the corporation has been notified in writing of the change.

Barbara J. Invidiata
Signature of an officer or director

BARBARA INVIDIATA

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.

[Signature]
Signature of Registered Agent

12/15/18

Date

If signing on behalf of an entity:

David Klein

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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