## 136523

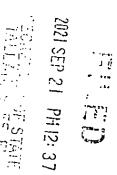
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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A. Butter (0/6/21

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations	• ,
SUBJECT: THE FRENCH QUARTER HOMEOW	NERS ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: 736523	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filino
Please return all correspondence concerning this	matter to the following:
Wendy Miranda	
Name of Contact Person	
Firm/Company	
12000 BASIN STREET 💫 ,	
Address	
WELLINGTON FL 33414	
City/State and Zip Code	
mirandacooking29@icloud.co	om
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Scatt Stoloff	561 6150122

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

Name of Contact Person

Street Address
Amendment Section
Division of Corporations
The Centre of Tailahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

## 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		
1. The same of t	the corporation:		
2. The principal office address: 12000 BASIN STREET, WELLINGTON, FL 33414			
	address (if different):		
4, Date of incorp	poration/qualification: 08/04/1976 Document number: 59-1783374		
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	HAMMOND, ROY		
	12089 BASIN ST. WEST		
	WELLINGTON, FL 33414		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office.		
	Stoloff & Manoff, P.A.		
	1818 Australian Avenue South, Suite 400		
	P.O. Box NOT acceptable 70 00 NO West Palm Beach, FL 33409 00 00 00 00 00 00 00 00 00 00 00 00 0		
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent.		
Such change w authorized by t	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
LILA SIGNAL	Dy Alixanda Wenny Miranda/Treasure	r	
of my dutiës, ai document is be	It the appointment as registered agent and agree to act in this capacity.  It is comply with the provisions of all statutes relative to the proper and complete performance and lamiliar with and accept the obligation of my position as registered agent. Or, if this and filled merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.		
	9-8-2021		
	grade of Registered Agent Date  chalf of an entity:		
Scott A. Stoloff	•		
	Tuned as Distant 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)