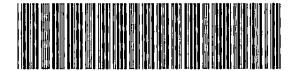
739153

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zipir none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
F
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amen

Amendment Section Division of Corporations

THE COUNTRY HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: 739153

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 D. Iglesias

Name of Contact Person

Iglesias Law Group, P.A.

Firm/Company

15800 Pines Boulevard, Suite 303

Address

Pembroke Pines, FL 33027

City/State and Zip Code

david@ilegalgroup.com

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

For further information concerning this matter, please call:

David D. Iglesias

Name of Contact Person

Area Code & Davtime Telephone Number

Area Code & Davtime 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

	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 er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: The Country Homeowners Association, Inc.	
	ke Worth Road, Suite F, Lake Worth, FL 33467	
	address (if different):	
4. Date of incorp	rporation/qualification: 5/24/1977 Document number: 739153	
5. The name and Florida Depar	ed street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Pestcoe & Iglesias PA	
	2500 Weston Road, Suite 209	
	Weston, FL 33326	
6. The name and (if changed):	id street address of the new registered agent (if changed) and /or registered office	
	Iglesias Law Group, P.A.	
	15800 Pines Blvd, Suite 303	
	P.O. Box NOT acceptable	
	Pembroke Pines, FL 33027	
The street addre as changed will	ress of its registered office and the street address of the business office of its registered agent,	
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Cherie Disgre Presider Under or director Printed or typed name and title Presider	۶Ļ-
I hereby accept I further agree to performance of i agent. Or, if this hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete imv duties, and I am familiar with and accept the obligation of my position as registered sis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sign	Rinture of Registered Agent 2/3/8	
If signing on beh	chalf of an entity:	
ιγ	* * * 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 (03/12)