741034

| (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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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

SEP 1.9 2013
T. LEMIEUX

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

September 10, 2013

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

> Re: Coco Wood Lakes 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 above.

Sincerely,

KATZMAN GARFINKEL & BERGER

Donna DiMaggio Berger, Esquire

Founding Partner

DDB:dts Enclosures

cc: Jerry Zaslow, President, Coco Wood Lakes Association, Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 60% unge is submitted for a col er to change its registered | poration organized | l under the laws of the | State of FLORID | |
|---|---|---|---|---|--|
| 1. The name of | the corporation:COCO V | Vood Lakes A | ssociation, Inc. | | · |
| | office address: 6269 W | | | | |
| Delray Bea | ach, FL 33484 | | | | <u></u> |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incorp | poration/qualification: | 12/12/1977 | _ Document number: | 7410 | 34 |
| | d street address of the curr rtment of State: (If resigne | | and registered office | on file with the | |
| | ZASLOW, JERRY | | | | = |
| | 6212 Hitchin Post \ | Nay | | | 13 (SEC: ALL, |
| | Delray Beach, FL 3 | 3484 | | | SEP 12 CRETAR) AHASSI |
| 6. The name and (if changed): | d street address of the new | registered agent (i | f changed) and /or regi | stered office | CRETARY OF STATE LAHASSEE, FLORIDA |
| | KATZMAN GARFIN | KEL & BERGE | R | | ATE RID, |
| | 5297 WEST COPAI | NS ROAD P.O. Box NOT sec | eptable | | مر |
| | MARGATE, FLORIC | DA 33063 | | | |
| The street address changed will | ess of its registered office l be identical. | e and the street add | lress of the business o | office of its register | red agent, |
| Such change wauthorized by t | as authorized by resoluti he board, or the corporat | on duly adopted by ion has been notifi | its board of director ed in writing of the cl | s or by an officer s nange. | o |
| Jenny | ire Obin officer or director | | JERRY ZA | SLOW - PRE | 510EN7 |
| I hereby accept I further agree of my dunes, ar document is be corporation ha | the appointment as regi to comply with the proving the comply with the proving the filed merely to reflect to been notified in writing gnature of Rogestered Agent | stered agent and a sions of all statute. I accept the obliga t a change in the re t of this change. | gree to act in this cap is relative to the prope tion of my position as egistered office addre | pacity, or and complete per registered agent. ss, I hereby confiri / / | rformance Or, if this m that the |
| If signing on be | chalf of an entity: | | | | |
| DONNA D | iMAGGIO BERGER, Typed or Printed Name | ESQ | | | |

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