

# 742037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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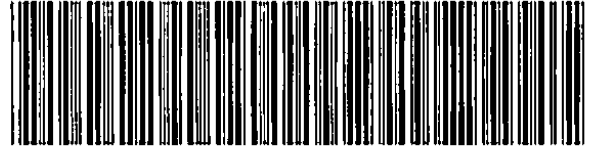
(Business Entity Name)

(Document Number)

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# SIEGFRIED RIVERA

Laura M. Manning-Hudson  
lmanning@siegfriedrivera.com

November 6, 2020

**Sent Via U.S. Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Flanders T Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of \$35.00 for the filing of same.

If you have any questions or require further documentation, please contact the undersigned.

Very truly yours,

SIEGFRIED RIVERA



Laura M. Manning-Hudson, Esq.

LMH/kmr  
Enclosures

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLANDERS T ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: 742037

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:

Gabriel Lazaro, Manager

Name of Contact Person

c/o FirstService Residential

Firm/Company

6300 Park of Commerce Blvd.

Address

Boca Raton, FL 33487

City/State and Zip Code

gabriel.lazaro@fsresidential.com

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

For further information concerning this matter, please call:

Gabriel Lazaro, Manager

Name of Contact Person

at ( 561 ) 989-5020

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

1. The name of the corporation: FLANDERS T ASSOCIATION, INC.  
2. The principal office address: c/o FirstService Residential, 6300 Park of Commerce Blvd.,  
Boca Raton, FL 33487  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/16/1978 Document number: 742037  
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)

LM Funding

1675 Palm Beach Lakes Blvd

W. PALM BEACH, FL 33401

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

SKRLD, INC.

201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.

Paula Wartley  
Signature of an officer or director

Paula Wartley Vice President  
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.*

By Shah  
Signature of Registered Agent

11/6/20  
Date

If signing on behalf of an entity:

LISA A. LEINO  
Typed 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 (03/12)

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