(Requestor's Name) . (Address)	
(Address)	40
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	_{IN}
	1 Charles
Office Lise Only	[Ok.]

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02/04/08--01015--018 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Delaire Country Club Pr	operty Owners! Association, Inc.	
DOCUMENT NUMBER: 742132	}	
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:	
Linda Rodgers		
(Name	of Contact Person)	
Delaire Country Club	Property Owners' Association, Inc.	
(Firm/Company)		
4645 White Cedar Lan		
	(Address)	
Delray Beach, FL 334		
	state and Zip Code)	
For further information concerning this matter, p	lease call:	
Linda Rodgers (Name of Contact Person)	at (561) 499-9090 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporation P.O. Box 6327	ons Division of Corporations Clifton Building	
Tallahassee, FL 32314		

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

3	•	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>Florida</u>
in orde	er to change its registered office or	registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Delaire Cou	ntry Club Property Owners' Association, Inc
	office address: 4645 White	
2. The principal	Delray Beac	h, FL 33445
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification:	Document number: 742132
	i street address of the current registment of State:	tered agent and registered office on file with the
	Miller, Lawrence J	/Hunt, Cook, Riggs, Mehr& Miller, P.A.
	2500 Glades Road,	Ste 400 East
	BocaRaton, FL 33	431
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office TASE LLC FE
	Larry Glickman c/o	Sachs Sax & Klein
	301 Yamato Rd Suite	4150 SER
	(P.O. Box NOT as	coeptable)
	Bóca Raton, FL 334	31
The street addre	ess of its registered office and the	street address of the business office of its registered agent,
•		dopted by its board of directors or by an officer so seen notified in writing of the change.
/la_	Cercept	ILA DAVIDOS. VICE PRESIDENT
	ne of an officer or director	(Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed metely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity. Ill statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
(Sin	hatered (Agent)	1/28/08
	half of an entity:	· (Date) /
······································		
(T)	yped or Printed Name)	
	* * * FILI	YG FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)