## 143598

(Re	equestor's Name)	. <u>.</u>		
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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2014 MAY 30 A 12: Q SECRETARY OF STATE ALLAHASSEE, FLORIC

T: LEMIEUX



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1 East Broward Blvd., Suite 1800 Ft. Lauderdale, Florida 33301

May 28, 2014

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

Re: Townhouses of Venetian Park Homeowner's Association, Inc.

Documents No. 743598

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #9040 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very tryfly yours

Floward J. Fe

HJP/tw

ACTIVE: 5802993\_1

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

Pursuant to the provisions of sections 60 statement of change is submitted for a common in order to change its registere	orporation organiz	ed under the laws of the	State of Florida	
1. The name of the corporation: Townh	ouses of Venetai	n Park Homeowner's A	Association, Inc.	
2. The principal office address: 819 N.E 27th Avenue  Hallandale Beach, FL 33009				
4. Date of incorporation/qualification: _	07/17/1978	Document number:	743598	
5. The name and street address of the cu Florida Department of State: (If resign		_	on file with the	
Katzman Garfinkel & Berger				
5297 West Copans Road				
Margate, FL 33063				
1 East	ew registered agent ecker & Poliakoff Broward Blvd., S P.O. Box NOT ac Lauderdale, FL	Suite 1800	stered office	
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 resolut authorized by the board, or the corporal Signature of an officer or director.  Thereby accept the appointment as reg I further agree to comply with the proving performance of my duties, and flam for agent. Or, if this document is being fill hereby confirm that the corporation has Signature of Registered Agent.  If signing on behalf of an entity:	· sec·	Printed or typed in	Junne and title	
Typed or Printed Name	<u>-</u>			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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