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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECULITATION 102

Office Use Only



Laura M. Manning-Hudson Imanning@siegfriedrivera.com

January <u>1</u>, 2022

Sent Via U.S. Mail Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Burgundy Q 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.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA

a Manning-Hudson, Esq.

LMM/kmr Enclosures

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BURGUNDY Q ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: 743711

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:

Ira Schneider, Director

Name of Contact Person

Firm/Company

777 Burgundy Q

Address

Delray Beach, FL 33484

City/State and Zip Code

theiman61@yahoo.com

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

For further information concerning this matter, please call:

Ira Schneider

Name of Contact Person

516 ,330-0161

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

CR2E045 (03/12)

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: BURGUNDY Q ASSOCIATION, INC.

2. The principal office address: c/o Ira Schneider, Director, 777 Burgundy Q, Delray Beach, FL 33484

The mailing address (if different):

4. Date of incorporation/qualification:	7/25/1978	Document number:	743711
4. Date of incorporation/gualification:	1/2011010	Document number: 1	

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)

Kaye Bender Rembaum PL

1200 Park Central Blvd South

Pompano Beach, FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office 20 (if changed):

SKRLD, INC.	·; ···,	li il	[] 5] [[===== }
201 Alhambra Circle, 11th Floor		:05	
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 poard, or the corporation has been notified in writing of the change.

ignature of an officer or directed

IRA Schozid

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.

Signature of Registered Agent

If signing on behalf of an entity:

H. Lerner Sa

Evped 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)