743711

(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
(City/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200322195432

01/17/23--01021--016 **35.00

2023 JAH 17 PH 3: 30

COVER LETTER

TO: Amendment Section Division of Corporations

BURGUNDY Q ASSOCIATION, INC. Name of Corporation

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:

DANIEL WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 301 YAMATO ROAD, SUITE 2199 Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

at (561) 288-3999 Area Code & Daytime Telephone Number DANIEL WASSERSTEIN

Name of Contact Person

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508. Florida ation organized under the laws of the State of ce or registered agent, or both, in the State of	FLORIDA
		DY Q ASSOCIATION, INC.	r tortaa,
1. The name of	sc FIRSTSER\	VICE RESIDENTIAL, 6300 PARK OF	COMMERCE BVLD
	ATON, FL 33487		
3. The mailing a	address (if different): N/A		<u>.</u>
4. Date of incorp	poration/qualification: 7/25/	/1978	11
5. The name and		registered agent and registered office on file v	vith the
	SKRLD, INC.		20:
	201 ALHAMBRA CIR	RCLE, 11TH FLOOR	2023 JAN
	CORAL GABLES, FL	L 33134	1
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered o	بالمساه ب
	WASSERSTEIN, P.A	٩.	. ω .э
	301 YAMATO ROAD), SUITE 2199	_
	P.O. Box. NOT acceptable		
	BOCA RATON, FL 3	33431	_
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of	its registered agent.
		uly adopted by its board of directors or by ar has been notified in writing of the change.	
_ V	2 FE	I'M Schozi	
	ire of an officer or director	Printed or typed name and t	itle
I further agree performance of ageni\Or. if th	to comply with the provisions my duties, and I am familiar as document is beine filed me	ed agent and agree to act in this capacity, is of all statutes relative to the proper and co- with and accept the obligation of my position of my position of my position of the registered offine this change.	m as revisierea
KKRUU	J V \	1/9/2023	
	name Registered Agent	Date	
If signing on be	chalf of an entity:		
DANIEL W	ASSERSTEIN		
Ţ.	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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