

(Re	equestor's Name) ,		
(Ad	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
· (Do	cument Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLED AND FLED



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Forest Grove POA, Inc.

Name of Corporation

DOCUMENT NUMBER: 744784

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:

Kevin Quinn, Manager

Name of Contact Person

GRS Management Associates

Firm/Company

3900 Woodlake Blvd., Suite 309

Address

Lake Worth, FL 33463

City/State and Zip Code

kquinn@grsmgt.com

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

For further information concerning this matter, please call:

Laura Manning-Hudson
Name of Contact Person

Name of Contact Person

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of	f the corporation: Forest Grove POA, Inc.	
	al office address: 5995 Bannock Terrace, Boynton Beach, FL 33437	
	address (if different): c/o GRS Management Associates, 3900 Woodlake Blv	/d.,
4. Date of incor	rporation/qualification: 10/31/1978 Document number: 744784	
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	•
	Becker & Poliakoff, P.A.	
	625 N Flagler Drive, 7th Floor	
	West Palm Beach, FL 33406	
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office	1. KO
	SKRLD, Inc.	01.
	m-<	圣
	P.O Box NOT acceptable Coral Gables, FL 33134	3: 36
The street addr as changed will	ress of its registered office and the street address of the business office of its registered agent. I be identical.	_
	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Jew Signan	unit an officer of director the Control of typed marile and white	
I hereby accept I further agree further agree of the further agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document in being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sig	Phature of Registered Agent / Daty	
If signing on be	chalf of an entity:	
Helio De La	a Torre	
T	yped or Printed Name	

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