

744901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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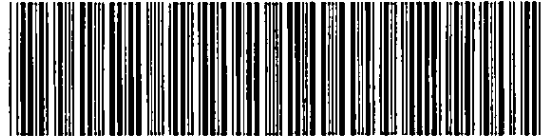
(Business Entity Name)

(Document Number)

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L. H. K. O. / C. H. J.

DEC 29 2021  
ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BURGUNDY E ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 744901

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:

Billi Stinson, Manager  
Name of Contact Person

c/o FirstService Residential  
Firm/Company

6300 Park of Commerce Blvd.  
Address

Boca Raton, FL 33487  
City/State and Zip Code

billi.stinson@fsresidential.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Billi Stinson, Manager at ( 561 ) 989-5020  
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

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 E ASSOCIATION, INC.

2. The principal office address: c/o FirstService Residential, 6300 Park of Commerce Blvd., Boca Raton, FL 33487

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/13/1978 Document number: 744901

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)

Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel PA

201 Alhambra Circle, Eleventh Floor

Coral Gables, FL 33134

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

SKRLD, INC.

201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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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 board, or the corporation has been notified in writing of the change.

Herbert Schechter  
Signature of an officer or director

HERBERT SCHECHTER  
Printed or typed name and title  
President

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]  
Signature of Registered Agent

12/8/2021  
Date

If signing on behalf of an entity:

Lisa A. Lerner  
Typed or Printed Name

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