

744912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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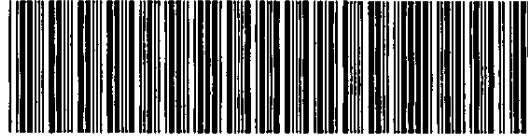
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 02 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWN SQUARE ASSOCIATION, INC.

Name of Corporation

744912

DOCUMENT

NUMBER:

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:

CARLA A. JONES, ESQ.

Name of Contact Person

WALTON JONES & BROWNE

Firm/Company

550 NE 124 STREET

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

carla@wjblegal.com

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

For further information concerning this matter, please call:

CARLA A. JONES, ESQ.

at (786-230-1091)

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations P.O.
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: TOWN SQUARE ASSOCIATION, INC.

2. The principal office address: Atlas Property Management Services, Inc..

1450 NW 87 AVENUE #204, DORAL, FL 33172

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: 11/14/1978 Document number: 744912

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)

CARLA A. JONES, ESQ.

1999 SW 27 AVENUE, FIRST FLOOR

MIAMI, FL 33145

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

CARLA A. JONES, ESQ.

550 N.E. 124 STREET

NORTH MIAMI, FL 33161

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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.

Signature of an officer or director

Printed or typed name and title

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

9/25/15

Date

If signing on behalf of an entity:

Typed 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 CR2F045

(03/12)