

745463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

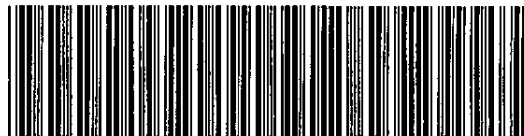
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. White

AUG 25 2015

R. WHITE

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: IRONWEDGE PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, SUITE 110, BOCA RATON, FLORIDA 33487
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 12/29/1978 Document number: 745463
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)

ANDREW F. FEIN

980 NORTH FEDERAL HIGHWAY, SUITE 412

BOCA RATON, FLORIDA 33432

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

ASSOCIATED CORPORATE SERVICES

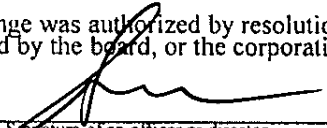
6111 BROKEN SOUND PARKWAY NW, SUITE 200

P.O. Box NOT acceptable

BOCA RATON, FLORIDA 33487

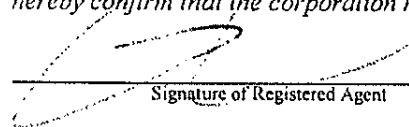
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Robert Stevens, President
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

JULY 17, 2015

Date

If signing on behalf of an entity:

LOUIS CAPLAN, ESQUIRE

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
CR2E045 (03/12)