

746720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SIEGFRIED RIVERA

Laura M. Manning-Hudson
lmanning@siegfriedrivera.com

January 12, 2022

Sent Via U.S. Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Normandy D Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of \$35.00 for the filing of same.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA



Laura Manning-Hudson, Esq.

LMM/kmr
Enclosures

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORMANDY D ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 746720

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:

Michael Glas, Manager
Name of Contact Person

c/o RealManage
Firm/Company

6400 International Parkway, Suite 1000
Address

Plano, TX 75093
City/State and Zip Code

NORMANDD@CIRAMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Glas, Manager at (866) 473-2573
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: NORMANDY D ASSOCIATION, INC.
2. The principal office address: C/O RealManage/ASG, 9050 PINES BOULEVARD, SUITE 480
PEMBROKE PINES, FL 33024
3. The mailing address (if different): c/o RealManage/ASG, P O Box 803555, Dallas, TX 75380
4. Date of incorporation/qualification: 4/11/1979 Document number: 746720
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.

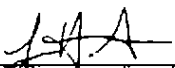
201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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

Sandra Hernandez
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

1/12/2022
Date

If signing on behalf of an entity:

Lisa A. Lerner
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