748707

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Woods Condominium

Name of Corporation

DOCUMENT NUMBER: 748707

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:

Terry McGregor

Name of Contact Person

TMG Property Management

Firm/Company

3303 W. Commercial Blvd., Suite 170-G

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

info@tmg-propertymanagement.com

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

For further information concerning this matter, please call:

Marsha Fink

954 (78

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, 617.05 nange is submitted for a corporation orgo ler to change its registered office or regis	mized under the laws of the State of <u>F</u>	lorida	
1. The name of	the corporation: The Woods Con	dominium Association, Inc		
2. The principa	al office address: 1901 N. Andrews	s Ave, Wilton Manors, FL 3	33311	
3. The mailing	address (if different): c/o TMG Pro	perty Management,		
3303 V	V. Commercial Blvd., #170-	. Ft. Lauderdale, FL 3330	9	
4. Date of inco	rporation/qualification: 08/29/1979	Document number: 74870	7	
	nd street address of the current registered artment of State: (If resigned, enter resign		th the	
	MG Property Management			
	3049 N Federal Highway			
	Ft. Lauderdale, FL 33306			
6. The name ar (if changed)	nd street address of the new registered ag	ent (if changed) and /or registered off	2017 AUG -4 SEURE TARI TALLAHASSI	<u> </u>
	TMG Property Managemer	<u>nt</u>	388 - L	
	3303 W. Commercial Blvd.	, Ste 170-1	PM 23:1	[[]
		OT acceptable		
	Ft. Lauderdale, FL 33309		ख्यातः <u> </u>	
The street add as changed will	ress of its registered office and the stree II be identical.	et address of the business office of its	registered agent.	
Such change wanthorized by	vas authorized by resolution duly adopte the board, of the corporation has been n	ed by its board of directors or by an cotified in writing of the change.	officer so	
~ [/e	I Bull	Derrick Buford		
C -	thre of an officer of director	Printed or typed name and title	:	
- I further agree - performance o	to the appointment as registered agent a to comply with the provisions of all sta- of my duties, and I am familiar with and his document is being filed merely to re to that the corporation has been notified	itules relative to the proper and compacted accept the obligation of my position	as registered	
Melle Marie Contraction of the C		7/27/2017		
Si	griature of Registered Agent	Date		
If signing on b	chalf of an entity:			
Maher Ha				
	Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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