749321

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

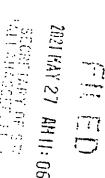




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06/11/2021 JH



COVER LETTER

TO: Amendment Section Division of Corporations RACQUET CLUB GARDEN APARTMENTS AT BONAVENTURE 20 SOUTH CONDOMINIUM ASSOCIATION, INC. SUBJECT: Name of Corporation 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: David L. Brough, Esquire Name of Contact Person Brough, Chadrow & Levine, P.A. 2149 North Commerce Parkway Weston, Florida 33326 City/State and Zip Code dshaw@signatureproperty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 385-3235 Area Code & Daytime Telephone Number Dana Adam Shaw Name of Contact Person 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

		17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of		
		registered agent, or both, in the State of		
1. The name of	the corporation: RACQUET CLUB GARDE	EN APARTMENTS AT BONAVENTURE 20SOUTH CON	NDOMINIUM ASSOCIATI	ON, INC.
2. The principa	office address: C/O SIGNATU	JRE PROPERTY MANAGEME	ENT GROUP,	INC.
304 INDI	AN TRACE #107 WESTO	N, FL 33326		
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 10/15/19	Document number: 74932	21	
5. The name and		ered agent and registered office on file w		
	JACK SHAW			
	429 LAKEVIEW DRIVE	#103	2021 MAY 27 SECRITIAN ALL AHASSI	• • • • • • • • • • • • • • • • • • • •
	WESTON, FL 33326		17.27 17.00 17.27 17.27	entropie North
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered of		
	BROUGH, CHADROW &	LEVINE, P.A.	0.6	
	2149 North Commerce P	arkway		
		NOT acceptable		
	Weston, Florida 33326			
The street addre as changed will	ess of its registered office and the s be identical.	treet address of the business office of it	s registered agent,	,
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has been	opted by its board of directors or by an en notified in writing of the change.		
Signatur	e of an officer or director	Printed or typed name and titl	Preside.	TT
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered ages	nt and agree to act in this capacity. I statutes relative to the proper and com and accept the obligation of my position or reflect a change in the registered offic		
	/	May 20, 2021		
	ature of Registered Agent	Date		
_ / _	nalf of an entity:			
Dayid L. Bro				
Ty	ped or Printed Name			

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