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COVER LETTER

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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Heritage Ridge South Property Owners Association, Inc.
2. The principal	office address: 8201 SE Constitution Blvd, Hobe Sound, FL 33455
3. The mailing a	ddress (if different): same as above
4. Date of incorp	poration/qualification: 10/16/1979 Document number: 749348
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Boiey & Fattori, FMS, Inc.
	5180 SE Sweetbriar Terr
	Boiey & Fattori, FMS, Inc. 5180 SE Sweetbriar Terr Hobe Sound, FL 33455 street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Elizabeth Bonan, Esquire
	759 S Federal Highway, Suite 212
	(P.O. Box NOT acceptable) Stuart, FL 34994
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	is authorized by resolution duly adopted by its board of directors or by an officer so
I nerevy of I further of my dut document corporati	and agree to act in this capacity. If the appointment as register. If and agree to act in this capacity. If the provisions is statutes relative to the proper and complete performance ies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this is being filed merely to reflect a change in the registered office address. I hereby confirm that the on has been notified in writing of this change.
En	(Signature of Registered Agent) 3/34/39 (Date)
If signing	on behalf of an entity:
<u> Fuza</u>	OF THE C BONAN (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