749487

| (| Requ | estor's Name | e) | |
|----------------------|---------|----------------|---------------------|-------------|
| | | | | |
| (| Addre | ess) | | |
| | | | | |
| (| Addre | ess) | | |
| · | | • | | |
| | Cityds | State/Zip/Pho | ne #N | |
| · · | City/C | nate/Zip/i-110 | 11 0 m) | |
| PICK-UP | | ☐ WAIT | | MAIL |
| | | | | |
| (| Busin | ess Entity Na | ame) | |
| | | | | |
| (| Docur | ment Numbe | r) | |
| | | | | |
| Certified Copies | | Certificate | es of Stat | 'US |
| | | | J | |
| | | | | |
| Special Instructions | to Fili | ng Officer: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900207934789

06/15/11--01006--011 **35.00

2011 JUNI 15 PM 12: 35
SECRETARY OF STATE
AND SSEEF FI ORIDA

R.A.

1Brown 6-16-11



\$ 35 00 56053

| COVER LETTER | | | | | | | |
|---|--|--|--|--|--|--|--|
| TO: Amendment Section Division of Corporations | | | | | | | |
| SUBJECT: Predment J association, Inc | | | | | | | |
| DOCUMENT NUMBER: 749 4817 | | | | | | | |
| 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: | | | | | | | |
| Patricia LaBerge Name of Conte | Hartley, Esq. | | | | | | |
| Name of Contr | uct Person | | | | | | |
| Hartley & Morton, Atty, at Law | | | | | | | |
| Firm/Com | Firm/Company | | | | | | |
| 800 Village Square C | rossing Suite 222 | | | | | | |
| 800 Village Square Crossing Suite 222 Address | | | | | | | |
| Palm Beach Gardens, Fl. 33410 City/State and Zip Code | | | | | | | |
| LRoman@thecontinen | talgroupinc.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | |
| For further information concerning this matter, please call | : | | | | | | |
| Linda Roman | ar / 561 \ 989-5020 | | | | | | |
| Name of Contact Person | at (561) 989-5020 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 | | | | | | |

CR2E045 (8/05)

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | inge is submitted for a co | rporation organize | 507.1508, or 617.1508, Florid d under the laws of the State o d agent, or both, in the State o | f Florida | | | | |
|--|---|---|---|-------------------------|--|--|--|--|
| 1. The name of the corporation: Piedmont J Association, Inc. | | | | | | | | |
| | office address: The Co | | | | | | | |
| | | | ce Blvd Boca Raton, FL | 33487 | | | | |
| 3. The mailing a | address (if different): | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 4. Date of incorp | poration/qualification: | 10/23/1979 | Document number: | 749487 | | | | |
| | d street address of the curtiment of State: (If resigne | | t and registered office on file | with the | | | | |
| • | Hilley & Wyant-Cor | tez, P.A. | | | | | | |
| | 860 U.S. Highway | 1 Suite 108 ⁻ | | | | | | |
| | N. Palm Beach, FL | 33408 US | | 2011 SE TAL | | | | |
| 6. The name and (if changed): | d street address of the new | v registered agent (i | f changed) and /or registered of | AR ISS | | | | |
| | Hartley & Morton, A | Attorneys at Lav | v, P.A. | | | | | |
| | Hartley & Morton, Attorneys at Law, P.A. 800 Village Square Crossing Suite 222 | | | | | | | |
| | P.O. Box NOT acceptable | | | | | | | |
| | Palm Beach Garde | : | | • | | | | |
| The street addre as changed will | ess of its registered offic be identical. | e and the street add | dress of the business office of | f its registered agent, | | | | |
| Such change wa authorized by th | as authorized by resolutine board, or the corporat | on duly adopted by ion has been notifi | y its board of directors or by ed in writing of the change. | an officer so | | | | |
| Signatui | re of an officer or director | | Printed or typed name an | d title | | | | |
| • | | stered agent and a sions of all statute: I accept the obliga t a change in the re g of this change. | gree to act in this capacity, s relative to the proper and c tion of my position as registe egistered office address, I her | | | | | |
| If signing on be | half of an entity: | ı | | | | | | |
| Patri | cia LaBerge Hartley | | | | | | | |
| 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 * * *