

753388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

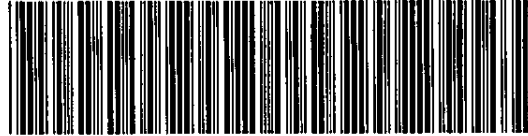
(Business Entity Name)

(Document Number)

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CRM  
4-14-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ivanhoe Estates Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 753388

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:

Danielle Lorello

Name of Contact Person

Miami Management

Firm/Company

1145 Sawgrass Corporate Parkway

Address

Sunrise, FL 33323

City/State and Zip Code

DLorello@miamimanagement.com

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

For further information concerning this matter, please call:

Paul Milberg

561

244-9461

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

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15 APR 13 AM 6:09  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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: Ivanhoe Estates Homeowners Association, Inc.
2. The principal office address: Miami Management, Inc., 1145 Sawgrass Corporate Parkway  
Sunrise, Florida 33323
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/18/80 Document number: 753388

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)

Katzman Garfinkel & Berger

5297 W. Copans Road

Margate, FL 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Milberg Klein, P.L.

5550 Glades Road, Suite 500

P.O. Box NOT acceptable

Boca Raton, FL 33431

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TALLAHASSEE

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]  
Signature of an officer or director

Kathy Aaron, President  
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.

Paul Milberg / Milberg Klein  
Signature of Registered Agent

12-30-14  
Date

If signing on behalf of an entity:

Paul Milberg for Milberg Klein, P.L.

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