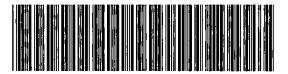
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COVER LETTER

TO:	Amendment Section Division of Corporations				
CHDI	DELRAY LAKES ESTATES HOMEOWNERS	S' ASSOCIATION, INC.			
SUBJ	JECT: Name of Co	rporation			
DOC	753696 UMENT NUMBER:				
The e	enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter	to the following:			
	Allen Sugarman				
	Name of Con	tact Person			
	SPECTRUM ASSOCIATION SERVICES, INC				
	Firm/Company				
	8927 HYPOLUXO ROAD, SUITE A-4 #188				
	Addr	ess			
	LAKE WORTH, FL 33467				
	City/State and Zip Code				
	sugarsir@gmail.com				
	E-mail address: (to be used for fu	ture annual report notification)			
For fu	urther information concerning this matter, please c				
Richa	Richard Schagrin 561 716*2133 at ()				
	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclo	osed is a \$35.00 check made payable to the Department	ment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations			
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE 16 JUL 18 PM 5: 15 Division of Corporations

June 20, 2016

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ALLEN SUGARMAN SPECTRUM ASSOCIATION SERVICES INC 8927 HYPOLUXO ROAD - STE. A-4 #188 LAKE WORTH, FL 33467

SUBJECT: DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: 753696

We have received your document for DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 716A00012879

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

•	provisions of sections 607.0502 , 617.0502 , 607.1508 , or 617.1508 , Florida Sta ange is submitted for a corporation organized under the laws of the State of $\frac{213}{6}$		
-	er to change its registered office or registered agent, or both, in the State of Flo.		_
1. The name of t	the corporation: DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION,	INC.	
	l office address: C/O SPECTRUM ASSOCIATION SERVICES, INC.		
•	LUXO ROAD, SUITE A-4 #188, LAKE WORTH, FL 33467		
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 8/8/1980 Document number: 753696		
	d street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the	
	Shir Law Group, P.A.		
	1800 NW CORPORATE BLVD, SUITE 200	2016 SEI	
	BOCA RATON, FL 33431		77
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office		
	C T Corporation System	9:3	
	c/o C T Corporation System, 1200 South Pine Island Road	s Diu e	
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
The street addre as changed will	ress of its registered office and the street address of the business office of its relational.	egistered aş	gent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	ficer so	
Mu	Richard G Schagrin, Treasurer		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm By: CT Con	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply my duties, and I am familiar with and accept the obligation of my position as his document is being filed merely to reflect a change in the registered office of that the corporation has been notified in writing of this change. The property of Registered Agent The provided Head of the control of the change of th	ete s registered address, I	<i>i</i> —
If signing on be	ehalf of an entity: NMSCA Typed or Printed Name		

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

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