

754 186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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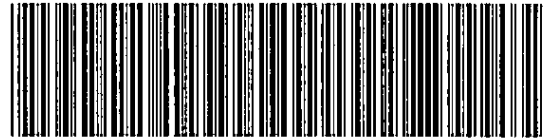
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL.

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A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 754186

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:

Scott A. Stoloff

Name of Contact Person

Stoloff & Manoff

Firm/Company

1818 South Australian Ave., Suite 400

Address

West Palm Beach, FL 33409

City/State and Zip Code

E-mail address: (to be used for future annual report notification)
flowergirl-becky@comcast.net

For further information concerning this matter, please call:

Scott A. Stoloff

Name of Contact Person

at (561)

6150123

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: WHISPERING TRAILS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1818 AUSTRALIAN AVE. STE 400. WEST PALM BEACH, FL 33409

3. The mailing address (if different): P O BOX 7574 JUPITER, FL 33468-7574
4. Date of incorporation/qualification: 09/16/1980 Document number: 754186

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)

DICKER, KRIVOK & STOLOFF, PA

1818 AUSTRALIAN AVE. STE 400

WEST PALM BEACH, FL 33409

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

STOLOFF & MANOFF, P.A.

1818 SOUTH AUSTRALIAN AVE., STE. 400

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

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.

Rebecca Brnich
Signature of an officer or director

Rebecca Brnich
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.

[Signature]
Signature of Registered Agent

6-25-2021
Date

If signing on behalf of an entity:

Scott A. Stoloff

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
CR2E045 (04/13)