754559

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AUG 2 1 2019 D CUSHING Mark D. Friedman, Esq. Shareholder Board Certified Specialist, Condominium and Planned Development Law Phone: (561) 820-2868 Fax: (561) 832-8987 mfriedman@beckerlawyers.com



Becker & Poliakoff 625 N. Flagler Drive 7th Floor West Palm Beach, Florida 33401

August 13, 2019

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sherwood Lakes Homeowners Association, Inc.

Document No. 754559

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #1501 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Mark D. Friedman

For the Firm

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ACTIVE S02633/209576 [265835]_[

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

statement of cha	orovisions 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 rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: SHERWOOD LAKES HOMEOWNERS ASSOCIATION, INC.
1. The name of t	office address: 5700 LAKE WORTH RD. SUITE 207, LAKE WORTH, FL 33463
2. The principal	office address:
3. The mailing a	ddress (if different): 5700 LAKE WORTH RD. SUITE 207, LAKE WORTH, FL 334
4. Date of incorp	poration/qualification: 10/09/1980 Document number: 754559
	I street address of the current registered agent and registered office on file with the timent of State; (If resigned, enter resigned)
	KONYK & LEMME PLLC
	777 SO. FLAGLER DR., WEST TOWER, SUITE 800
	WEST PALM BEACH, FL 33401
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	BECKER & POLIAKOFF 5
	625 N. FLAGLER DRIVE, 7TH FLOOR
	P.O. Box NOT acceptable WEST PALM BEACH, FL 33401
	WEST FALM BEACH, TE 55401
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.
	PhoCadora Precident
Signatu	re of an officer or director. Printed or typed name and title
I further agree to performance of agent. Or, if the	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	nature of Registered Agent Date
If signing on be	half of an entity:
Mark D. Fri	edman
Ţ	rped 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 * * *

CR2E045 (03/12)