755331

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bruca DOCT of East Doint Condominium Assoc Lice
DOCUMENT NUMBER: 755331
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:
Bruan welch Name of Contact Person
MMI of the Palm Beaches Inc.
11770 US Highway Che Cute Zul = 22
Palm Beach Carcles & L 33408 City/State and Zip Code
Buston Wham Many 42ment. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (57th) 1871 - 1818 Area Code & Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Siegfried • Aivera • Hyman • Lerner De La Torre • Mars • Sobel



LAURA M. MANNING-HUDSON

LMANNING@SRHL-LAW.COM

REPLY TO WEST PALM BEACH OFFICE.

March <u>21</u>, 2018

C O

Sent Via U.S. Mail

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

Re: Briarwood of Eastpointe Condominium Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" ("Change Form") for the above-referenced Association. Also enclosed is a copy of the Division's letter to the Association confirming receipt of the Change Form and Association's check and advising the new Registered Agent must also execute the document.

If you have any questions or require further documentation, please contact the undersigned.

Very truly yours,

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.

Làura M. Manhing-Hudson, Esq.

LMH/kmr Enclosures

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February 7, 2018

OLD NORTH STATE TRUST, LLC P.O. BOX 1380 GREENSBORO, NC 27402-1380

SUBJECT:

BRIARWOOD

OF

EASTPOINTE

CONDOMINIUM

ASSOCIATION, INC. Ref. Number: 755331

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached check without any supporting documents. If you wish to change the registered agent you must send the application with it.

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

Diane Cushing Senior Section Administrator

Letter Number: 718A00002603

18 MR -9 M # 12



March 9, 2018

BRYAN WELCH MMI OF THE PALM BEACHES, INC 11770 US HIGHWAY ONE, SUITE 301 PALM BEACH GARDENS, FL 33408

SUBJECT: BRIARWOOD OF EASTPOINTE COND

CONDOMINIUM

ASSOCIATION, INC. Ref. Number: 755331

We have received your document for BRIARWOOD OF EASTPOINTE CONDOMINIUM 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 New Registered Agent must sign the acceptance statement at the bottom of the page.

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.

Diane Cushing Senior Section Administrator

Letter Number: 718A00004867

RECEIVED
18 MAR 26 PM 2: 5
SECRETARY OF STATEMENT AND AMASSEE, FLORE

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 statement of change is submitted for a corporation organized under the laws of the State of	=lorida
in order to change its registered office or registered agent, or both, in the State of . 1. The name of the corporation: Brias wood of Eastpuinte Condon	
2. The principal office address: 1:770 LIS High welly Cost, Sa	
ELLEN BERGE GERRALIS TO BEYON	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/1/1950 Document number: 755	331
 The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned) 	ith the
Pestone + Iglesias	
2500 Weston Road Ste 209	
Weston, FL 33331	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	ifice IR
SKRLD, INC	5
201 Alhambra Circle Sunta 1102	:
Coral Gables fl 33177	
The street address of its registered office and the street address of the business office of its as changed will be identical.	s registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an cauthorized by the board, or the corporation has been notified in writing of the change.	officer so
STRAGEN HELL, S Signature of an officer or director Printed or typed name and title	, President
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 composition and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered office hereby confunction that the appropriation has been notified in writing of this change.	nlete as registered address I
hhlle(1- 3/21/1	8 ^{>}
Signatule of Registered Agent /Date	
f signing on behalf of an entity: Tectore of Jone Typol of Printed Name	

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