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(Requestor's Name) (Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
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TO: Amendment Section Division of Corporations

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SUBJECT: CYPRESS CHASE NORTH CONDOMINIUM NO. 1 ASSOCIATION, INC. Name of Corporation

DOCUMENT NUMBER: 755499

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

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Marsha Goldsby
Name of Contact Person
Name of Contact Person (ypress Chuse North Conclominum No. 1 Association, Inc., Firm/Company
Firm/Company
3241 NW 47TH TERR
Address
LAUDERDALE LAKES, FL 33319
City/State and Zip Code
CCDCDDdoyebreezeline. Det
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Estevez	at (305)846-9177 Area Code & Daytime Telephone	Number	
Name of Contact Person Enclosed is a \$35.00 check made payable to the Depa		2 J.J. 19	بوت . ع
<u>Mailing Address:</u> 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	2111-15 15	۰۰ ۲۰۰۰ ۲۰۰۶

CR2E045 (04/13)

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: <u>CYPRESS CHASE NORTH CONDOMINIUM NO. 1 ASSOCIATION, INC.</u>

2. The principal office address: <u>3241 NW 47TH TERR LAUDERDALE LAKES. FL 33319</u>

3. The mailing address (if different): _ 755499

12/11/1980 Document number: 4. Date of incorporation/qualification:

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)

WAGNER, STEVEN A., P.A.

3275 W. HILLSBORO BLVD. STE. 205

DEERFIELD BEACH, FL 33442

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

Matthew Estevez PA

9600 NW 25th Street, Ste. 2A

P.O. Box NOT acceptable

Doral, FL 33172

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.

Tresident

Marsha Goldsby तं जात

Date

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, Thereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7/5/22

If signing on behalf of an entity:

Matthew Estevez

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)