## 755558

| (Rec                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | filing Officer:  |             |
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S. YOUNG

## **COVER LETTER**

| Division of Corporations   |  |  |  |
|--|--|--|--|
| Jupiter Village Phase IV Homeowners Association, Inc.  |  |  |  |
| Name of Corporation  |  |  |  |
| DOCUMENT NUMBER: 755558  |  |  |  |
| 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:                      |  |  |  |
|  |  |  |  |
| David D. Iglesias  |  |  |  |
| Name of Contact Person   |  |  |  |
| Iglesias Law Group, P.A.   |  |  |  |
| Firm/Company   |  |  |  |
| 15800 Pines Boulevard, Suite 303   |  |  |  |
| Address  |  |  |  |
| Pembroke Pines, FL 33027   |  |  |  |
| City/State and Zip Code  |  |  |  |
| david@ilegalgroup.com  |  |  |  |
| E-mail address: (to be used for future annual report notification)                             |  |  |  |
|  |  |  |  |
| For further information concerning this matter, please call:                                   |  |  |  |
| David D. Iglesias at 954 362-5222  Name of Contact Person Area Code & Daytime Telephone Number |  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number                                    |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                           |  |  |  |
| Mailing Address: Amendment Section  Street Address: Amendment Section                          |  |  |  |

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| Pursuant to the provisions of sections 697.0502, 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; JUPITER VILLAGE PHASE ■ HOMEOWNERS ASSOCIATION, INC.   |
| 2. The principal office address: 4227 NORTHLAKE BLVD   |
| PALM BEACH GARDENS, FL 33410   |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification. 12/16/1980 Document num!   |
| <ol> <li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li> </ol>  |
| Pestcoe & Iglesias   |
| 2500 Weston Road, Suite 209  |
| Weston, FL 33331   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Iglesias Law Group, P.A.   |
| 15800 Pines Boulevard, Suite 303  F.O. Box NOT acceptable  |
| P.O. Box NOT acceptable Pembroke Pines, FL 33027   |
| 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.  |
| Signalure of an officer or director Printed or typed name and file   |
| 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 of Registered Agent  |
| If signing on behalf of an entity:   |
| David In leging  |
| Typed or Printed Name  |
| * * * FILING FEE: \$35.00 * * *  |

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)