

755736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

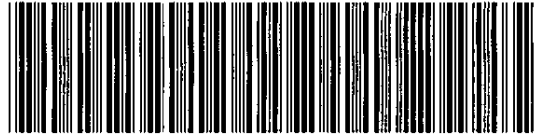
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATIO VILLAGE HOMEOWNERS ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: 755736

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:

RON SHERWIN
Name of Contact Person

MIAMI MANAGEMENT, INC
Firm/Company

1145 SAWGRASS CORPORATE PARKWAY
Address

SUNRISE, FLORIDA 33323
City/State and Zip Code

RSHERWIN@MIAMIMANAGEMENT
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RON SHERWIN at (954) 846-0157
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**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: PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FLORIDA 33323
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/31/80 Document number: 755736

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)

WEST BROWARD COMMUNITY MANAGEMENT, INC

11530 STATE ROAD 84

DAVIE, FLORIDA 33325

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

BECKER AND POLIAKOFF

3111 STIRLING ROAD

P.O. Box NOT acceptable

FORT LAUDERDALE, FLORIDA 33312

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.



Signature of an officer or director

KLAUS WRENZ - PRESIDENT

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 of Registered Agent

6-2-09

Date

If signing on behalf of an entity:

Gary A. Poliakoff, J.D.

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 (8/05)

FILED
2009 JUN -8 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA