

TO: Amendment Section Division of Corporations	
SUBJECT: Timber live Lakes Homeowners (Name of corporation)	ASNINC
DOCUMENT NUMBER: 756533	
The enclosed Statement of Change of Registered Office/Agent and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to the following:	 .
Magen Schmiedel 7000 (Name of person) Response True	107943407 09/23/0201038013 ******35.00 ******35.
Bunyan Property Mant Services Inc (Name of firm/company)	., 1
2328 S. Congress Ave, Stell	
West Palm Beach, FI 33406 (City/state and zip code)	
For further information concerning this matter, please call:	_
Magen Schmed of person) at (561) 649-8585 (Area code & daytime telephone nu	$\frac{\chi}{M}$
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 Der Magen Schmie Del Tech Sur records Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Der Magen Schmie Del Tech Sur records RARD (FILED 02 SEP 23 PM 12: 55 SECRETARY OF STATE FALLAHASSEE, FLORIDA
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CR2E045(07/02)	-

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, It	
this statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or be	•
of Florida	Association.
1. The name of the corporation: Timber INC Lakes Homonway	rs 7 tuci
2. The principal office address: 2328 S. Congress Aul Ste	1C
Wost Valm Beach, FL 33406	- 14
3. The mailing address (if different):	·····
4. Date of incorporation/qualification: \(\sqrt{36/8/} \) Document number: \(\sqrt{26/8/} \)	756533
5. The name and street address of the current registered agent and registered office on fi Florida Department of State:	le with the
CRISPYN. Thomas A.	
C/o TAC. PROPERTE Mont INC	• • • • • • • • • • • • • • • • • • • •
6346-65 Lantane Rd, Lake Worth	4 FL 33463
6. The name and street address of the new registered agent (if changed) and /or registered	istered office (if
changed): Louis Caplan	
Sactts, Sex I-Klein Ha (P.O. Box or personal mailbox NOT acceptable)	-
301 Vamato Rd, Stite 4150, Boxa Ra	Ant 33431
The street address of its registered office and the street address of the business office agent, as changed will be identical.	of its registered
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
(Printed or typed name and title)	ES INGNT
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 performance of my duties, and I am familiar with and accept the obligation of my post registered agent. Or, if this document is being filed merely to reflect a change in the office address A hereby confirm that the corporation has been notified in writing of the	complete sition as registered
office address in the composition has been notated in writing of the	
(Signature of Registered Agent) (Date)	02 TAL
If signing on behalf of an entity:	SEP /
(Typed or Printed Name) (Capacity)	ANY 23 - LE
* * * FILING FEE: \$35.00 * * *	E, FE
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	12: 5: 12: 5: