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Amendment Section

TO:

Division of Corporations SUBJECT: VILLAS OF DEERWOOD HOMEOWNERS' ASSOCIATION, INC. Name of Corporation **DOCUMENT NUMBER:** 756836 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: JESSICA MARTIN Name of Contact Person HARBOR MANAGEMENT SERVICES Firm/Company P.O. BOX 924176 Address HOMESTEAD, FL 33092 City/State and Zip Code frontdesk@harborms.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 2465867
Area Code & Daytime Telephone Number JESSICA MARTIN Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

Tallahassee, FL 32314

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

statement of char	rovisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz	ed under the laws of the State of	FLORIDA
	to change its registered office or register		
1. The name of the	ne corporation: VILLAS OF DEERWOOD	HOMEOWNERS' ASSOCIATION	N, INC.
HOMESTEAD, F			
3. The mailing ac	dress (if different): P.O. BOX 924176, HO	DMESTEAD, FL 33092	
		Document number: 756836	 - —
	street address of the current registered agment of State: (If resigned, enter resigned		rith the
	Jurado Law Group, PA	_	
	6401 NW 74 Avenue		
	MIAMI, FL 33166		
6. The name and (if changed):	strect address of the new registered agent	(if changed) and for registered or	ffice
	Dania S. Fernandez & Associates, P.A		
	Dania S. Fernandez & Associates, P.A 13500 North Kendall Drive, Ste.265 P.O. Box Miami, FI. 33186 ss of its registered office and the street a octidentical.	NOT recepuble	2024 A
	Miami, FI. 33186		100-1
The street address as changed will b	is of its registered office and the street a ∞ identical.	ddress of the business office of	its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by ar fied in writing of the change.	officer so
Llong	Dailey	Dong Dail	ley of 8
I hereby accept to I further agree to of my duties, and document is bein corporation hay	he appointment as registered agent and a compile with the provisions of all statu I am familiar with and accept the oblig of filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity, les relative to the proper and co ation of my position as register, registered office address, I here	mplete performance ed agent. Or, if this eby confirm that the
ing.	nurse: Registed Agent	1/16/24 Date	
lf signing on beh	alf of an entity.		
DOME S	Ter CONCOLICACE		

* * * 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)