

758279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

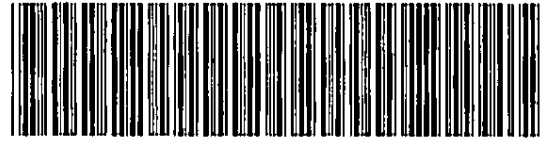
(Business Entity Name)

(Document Number)

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cf 5/14/2022

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE RESIDENCES AT SLOAN'S CURVE INC  
Name of Corporation

**DOCUMENT NUMBER:** 758279

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:

IWAN FRASER

Name of Contact Person

THE RESIDENCES AT SLOAN'S CURVE INC

Firm/Company

Address

18 SLOAN'S CURVE DRIVE, PALM BEACH, FL. 33480

City/State and Zip Code

residences18@gmail.com

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

For further information concerning this matter, please call:

IWAN FRASER

Name of Contact Person

at (561) 582-1203  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: THE RESIDENCES AT SLOANS CURVE INC

2. The principal office address: 18 SLOANS CURVE DRIVE, PALM BEACH, FL. 33480

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 10/30/1981 Document number: 758279

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)

CARLOS CASTANEDA  
8401 LAKE WORTH ROAD, SUITE 227  
LAKE WORTH, FL. 33467

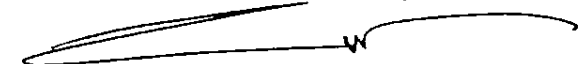
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

IWAN FRASER  
18 SLOANS CURVE DRIVE  
PALM BEACH, FL. 33480

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TALLAHASSEE, FL  
P.O. Box NOT acceptable

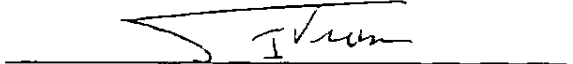
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

CAMILO RAFUL- MEMBER  
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

APRIL 6 / 2022  
Date

If signing on behalf of an entity:  
IWAN FRASER  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***