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(Red	questor's Name)		
Steven Reed Cohen, P.A. Floridian Community Bank Bldg			
Floridian Co	ommunity bank versity Drive, #3	303	
Davie, FL 33328 ———			
	,		
(Cit	u/Stata/Zin/Dhone	· +0	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
·	·		
(Do	cument Number)		
(50	cament Hamber,		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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03/18/13--01041--008 **35.00

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sange is submitted for a corporation organized under the laws of the State of Sange to observe the second of the State of Sange and the second of the State of Sange and the second of the Sange of the Sang	Florida	
	er to change its registered office or registered agent, or both, in the State of F the corporation: Chapel Trail Owners Association, Inc.	ioruia.	
2. The principa	Flamingo Road, Suite 410, Pembroke Pines, FL 33028		
	address (if different):		
4. Date of incor	poration/qualification: 9/11/1981 Document number: 75998	1	
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	th the	
	Steven Cohen		
	9000 W. Sheridan St., Ste. 171	; 	
	Pembroke Pines, FL 33024)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	الم المعلق	,
	Steven Reed Cohen, Esq.		
	5599 S. University Drive, Ste. 303		
	P.O Box NOT acceptable Davie, FL 33328		
_	ess of its registered office and the street address of the business office of its be identical.		ent,
authorized by th	is authorized by resolution duly adopted by its board of directors or by an old board of the corporation has been notified in writing of the change.		
Nighan.	Jacqueline Terrero, Presi	dent	_
thoreby accept Jurther agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comp my chities, and I am familiar with and accept the obligation of my position of a doctor of the registered office which corporation has been notified in writing of this change.	olete as registered address, I	
	3/13/13		
1	fature of Registered Agent		_
1 signing on bel	naif of an entity:		•
Ty	ped or Printed Name		