767499

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(0)	70° 77° 40°	10		
(City	/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



700271800027

04/16/15--01018--017 **35.00

15 APR 16 PH 3: LS

24/17

COVER LETTER

Name of Corporation

TO: Amendment Section
Division of Corporations

The Village at Lake Pine Homeowners' Association, Inc.

767499

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:

Steven Katz

Name of Contact Person

Kubicki Draper, PA

Firm/Company

One East Broward Boulevard, Suite 1600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

sbk@kubickidraper.com

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

For further information concerning this matter, please call:

Steven Katz

,954

713-2405

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

		, 617.0502, 607.1508, or 617.1508, Flor ion organized under the laws of the State		_
		or registered agent, or both, in the State	•	_
1. The name of	the corporation: The Village	at Lake Pine Homeowners' A	Association, Inc	o .
		it Lake Pine, 750 SW 119th Way		
	· · · · · · · · · · · · · · · · · · ·			
3. The mailing	address (if different): c/o Next Gen	neration Management Services, LLC, 750 SW	119th Way, Davie, Flori	da 33325
4. Date of incor	poration/qualification: 03/15/	1983 Document number: 767	7499	
	d street address of the current regartment of State: (If resigned, enter	gistered agent and registered office on fi er resigned)	ile with the	
	Webber, Hinden, McLe	ean & Arbeiter, P.A.		
	4430 SW 64th Avenue	}		
	Davie, FL 33314			
6. The name an (if changed):		tered agent (if changed) and /or registere	ed office	
	Steven Katz, Kubicki D	Oraper, PA		A Lay
	One East Broward Blvd., Suite 1600		مر ری	RY'ILE
	P.O. Box NOT acceptable		PH	금입
	Fort Lauderdale, FL 3	3301	ـــــ كـــــ بن	ORI ORI
The street addr as changed will	ess of its registered office and the identical.	he street address of the business office	of its registered age	ınt,≯
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by s been notified in writing of the change	y an officer so	
2 cett	Duandon	Scott Brandon		
I hereby accep I further agree performance o agent. Or, if the	to comply with the provisions o f my duties, and I am familiar w his document is being filed mere	Printed or typed name a agent and agree to act in this capacity of all statutes relative to the proper and with and accept the obligation of my pos ally to reflect a change in the registered thotofied in writing of this change.	I complete sition as registered	
		4/2/15		_
	gnature of Registered Agent	Date		_
It signing on b	ehalf of an entity:			
 ;	Typed or Printed Name			
	* * * FIL	LING FEE: \$35.00 * * *		