771204

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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2022 AUS -2 PN 3: 34

RA Change

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: STONEHAVEN HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

POCUMENT NUMBER: 771204

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:

DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN ___561 \, 288-39

Name of Contact Person Area Code & Daytime Telephone Numbe

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

CR2E045 (03/12)

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

•	•	17.0502, 607.1508, or 617.1508, Florida Statutes,		
		organized under the laws of the State of FLORID.	<u> </u>	
		registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: STONEHAVE	EN HOMEOWNERS ASSOCIATION	, INC.	
	office address: C/O REALMA OKE PINES, FL 33024	NAGE, 9050 PINES BOULEVARD,	SUITE	480
		MANAGE, PO BOX 803555, DALLA	S. TX 7:	 538
3. The mailing a	adress (if different):			
4. Date of incorp	poration/qualification: 12/7/200	Document number: 771204		
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)		
	THERESA LEMME, C/C	KONYK & LEMME, PLLC		
	777 SOUTH FLAGLER DR	RIVE, SUITE 800, WEST TOWER		
	WEST PALM BEACH, F	FL 33401	2822	
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	2922 AUS -2	·, 4
	WASSERSTEIN, P.A.		===	
	301 YAMATO ROAD, S	UITE 2199	ب	. 5
	P.O. Box NOT acceptable		(<u>)</u>	
	BOCA RATON, FL 3343	31	•	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered agent	t,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer een notified in writing of the change.	so	
/		Megan Simmons		
•	ire of an officer or director	Printed or typed name and title		
I hereby accept I further agree performance of agentOr, if th hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with its document is being filed merely that the corporation has been no	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as reg to reflect a change in the registered office addre tified in writing of this change.	istered ess, I	
	UWI	6/29/2022		
Ste	mature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	ASSERSTEIN	_		
7	yped or Printed Name			

* * * 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 (03/12)