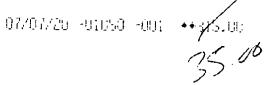
## J88917

(Requestor's Name)
(Address)
(Address)
(13.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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## BREIER and SEIF, PLLC

18851 NE 29%, AVENUE, SUTTE 405 AVENTURA, FLORIDA 33180 PHONE 305-935-0507 • FAN 305-935-9608

ROBERT G. BREIER EVAN D. SEIF

June 29, 2020

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 332301

Re: Registered Agent - Change of Address

Dear Sir or Madam:

Enclosed are various entities that require a change of address for the registered agent.

Also enclosed is our payment. Please process this request at your convenience.

If you have any questions, please feel free to call me at (305) 935-0507.

Sincerely.

ÁARIA L. WILLIAMSÓN

Legal Assistant

/mlw

Enclosures

K 3RCB-EDS Mise-2019/Amendment Sect-Div of Co.p-RA-Change of Address ht door

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Canterbury Homes, Inc.  Name of Corporation
DOCUMENT NUMBER: J88917
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:
Robert G. Breier
Name of Contact Person
Breier and Seif, PLLC
Firm/Company
18851 N.E. 29th Avenue, Suite 405
Address
Aventura, FL 33180
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
is man address. (to be asserted fattare annual report normal series)
For further information concerning this matter, please call:
Maria L. Williamson 305 935-0507
Maria L. Williamson Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
•	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Canterbury Homes, Inc.
2. The principal	office address: 2800 Ponce De Leon Boulevard, Suite 1125
	Coral Gables, FL 33134
3. The mailing a	address (if different): 8772 SW 129 St
	Miami, FL 33176
4. Date of incor	poration/qualification: 08/20/1987 Document number: J88917
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Breier, Seif, Silverman & Schermer P.A.
	2800 Ponce De Leon Blvd., # 1125
	Coral Gables, FL 33134
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	TUDGILO, DIGIGI
	18851 NE 29th Avenue, Suite 405
	P.O Box NOT acceptable Aventura, FL 33180
The street address changed will	ess of its registered office and the street address of the business office of its registered agent. I be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	ure of an officer or director Printed or typed name and title
I furthér agrée	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete  my duties, and I am familiar with and accept the obligation of my position as registered  its document is being filed merely to reflect a change in the registered office address. I  that the corporation has been notified in writing of this change.
fv	- Deer 6/15/4
If signing on be	chalf of an entity:
Pobort G F	Braiar

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

Typed or Printed Name