N0000000926

(Requestor's Name)				
(Address)				
(Address)				
(riddiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Elliky Name)				
(Document Number)				
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PEC 02 2019

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 ange is submitted for a corporation organized under t er to change its registered office or registered agent, o	the laws of the State of Florida	s
1. The name of	the corporation: San Marino at Mizner Country	Club Neighborhood Associa	tion, Inc.
2. The principa	l office address: 16102 Mizner Club Drive, Deli	Tay beach, 1 L 33440	
3. The mailing	address (if different): Same as above		
4. Date of incor	poration/qualification: 02/11/2000 Docu	ment number: N0000000926	
	d street address of the current registered agent and registered of State: (If resigned, enter resigned)	gistered office on file with the	2
	Campbell Property Management		2019110
	16102 Mizner Club Drive		1 <u>5</u>
	Delray Beach, FL 33446	path path against the same	-
6. The name an (if changed):	d street address of the new registered agent (if change	ed) and /or registered office	AII 9: 27
	Associated Corporate Services		_
	6111 Broken Sound Parkway NW, Suite 2	200	
P.O. Box NOT acceptable Boca Raton, FL 33487			
777			
as changed will		_	agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board he board, or the corporation has been notified in wri	d of directors or by an officer so ting of the change.	
Wayn	Telefrence We of an officer of director	INE FELDMAN	
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent and agree to a to comply with the provisions of all statutes relative my duties, and I am familiar with and accept the ol its document is being filed merely to reflect a chang that the corporation has been notified in writing of	e in the registered office address, I	ETORS
,		June 20, 2019	
	mature of Registered Agent	Date	
	chalf of an entity:		
	Caplan, Esquire Sped 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)