

N000000002375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

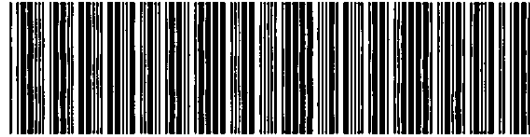
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700277337357

09/28/15--01032--002 \*\*35.00

RA  
Change

FILED  
2016 SEP 28 PM 3:51  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

SEP 30 2015  
A RAMSEY

**ROSENBAUM MOLLENGARDEN PLLC**  
**ATTORNEYS AT LAW**

September 25, 2015

**VIA REGULAR U.S. MAIL**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Statement of Change of Registered Agent;  
Smithbrooke Homeowners Association, Inc.**

Dear Sir/Madam:

This Firm represents Smithbrooke Homeowners Association, Inc. Enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations and check in the amount of \$35.00 payable to the Florida Department of State for filing.

Please contact our office if you have any questions or need anything further.

Very truly yours,



**Peter C. Mollengarden**  
For the Firm  
PCM/gm

Enclosures

24R8508

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Smithbrooke Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N00000002375

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:

Peter C. Mollengarden

Name of Contact Person

Rosenbaum Mollengarden PLLC

Firm/Company

250 South Australian Avenue, 5th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

pmollengarden@r-mlaw.com

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

For further information concerning this matter, please call:

Peter C. Mollengarden

Name of Contact Person

at ( 561 ) 653-2900

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Smithbrooke Homeowners Association, Inc.
2. The principal office address: c/o GRS Management Associates, Inc.  
3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/10/2000 Document number: N00000002375
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sachs & Sax & Caplan

6111 Broken Sound Parkway NW, Suite 200

Boca Raton, FL 33487

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rosenbaum Mollengarden PLLC

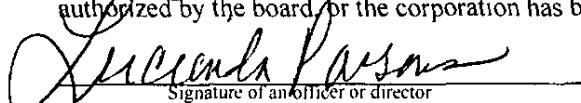
250 South Australian Avenue, 5th Floor

P.O. Box NOT acceptable

West Palm Beach, FL 33401

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Lucienda Parsons, President  
Printed or typed name and title Smithbrooke

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9/25/15  
Date

If signing on behalf of an entity:

Peter C. Mollengarden  
Typed 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)