

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

Office Use Only



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09/15/17--01006--003 \*\*35.00



Macha SEP 10 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

şi.

SUBJECT: Sonoma II Home	owners Association, Inc	
SOBJECT:	Name of Corporation	
DOCUMENT NUMBER: N0000	0007986	
The enclosed Statement of Change c	f Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence cor	cerning this matter to the following:	
Suze	Name of Contact Person	
	Name of Contact Person	
TMG Prope	rty Management	
	Firm/Company	
3303 W. Cor	nmercial Blvd, Suite 170	
	Address	
Ft. Lauderd	ale, FL 33309	
	City/State and Zip Code	
SUZF@tmg	propertymanagement.com	
,	(to be used for future annual report notification)	
For further information concerning t	 his matter, please call:	
	son at (954 782-7820) Area Code & Daytime Telephone Nu	
Name of Contact Per	son Area Code & Daytime Telephone Nu	mber
Enclosed is a \$35.00 check made pa	yable to the Department of State.	
<u>Mailing Ad</u> Amendmer	dress: Street Address:  Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

CR2E045 (03/12)

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

	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	corporation organized under the laws of the State of red office or registered agent, or both, in the State of Florida.
	nomali Homeowners Association, In
2. The principal office address: 33	_
Ft. Lauderdale	
3. The mailing address (if different):	
4. Date of incorporation/qualification	11/29/2000 Document number: N0000000 7986
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the igned, enter resigned)
Campbell, R	enee
· United Cor	nmunity Management Corp. 35 =
	imple Bd Suite 103
6. The name and street address of the (if changed):	new registered agent (if changed) and for registered office
TMG Pr	operty Management
3303 W	Commercial Bld, Ste#170
Ft. Land	erdale, FL 33309
The street address of its registered of as changed will be identical.	hice and the street address of the business office of its registered agent,
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
Signature of an officer or director	Printed or typed name and title
performance of my duties, and I am t	egistered agent and agree to act in this capacity. Solvisions of all statutes relative to the proper and complete Samiliar with and accept the obligation of my position as registered Siled merely to reflect a change in the registered office address. I Shash been notified in writing of this change.
	8 24 17.
If signing on behalf of an entity:	· Date 1
Sure Noman	
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)