N00231

(Req	uestor's Name)					
(Add	ress)	_				
(Add	lress)					
(City	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate:	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



000273747760

06/26/15--01007--001 **35.00

DIVISION OF CORPORATIONS

15 JUN 26 PH 2: 10

JUL 8 2015 C LEWIS 5297 West Copans Road
 Margate, Florida 33063
 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



Mary Ann Chandler, Esq. MChandler@likeyourlawyer.com

June 19, 2015

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

Re: Cambridge II at Hunters Run Condominium Association, Inc.

Change of Registered Agent

File No: 09563-001

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely.

Mary Ann Chandler, Esquire

KATZMAN GARFINKEL

Partner

MAC:kmc Enclosures

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

statement of ch	ange is submitted for a corp	oration organizea	07.1508, or 617.1508, Florida S I under the laws of the State of <u>F</u> I agent, or both, in the State of F	LORIDA	
	•		nters Run Condominiu		iation,Inc
2. The principal	office address: 3700 Cit	ibnouse Lane,	Boynton Beach FL 33436	<u> </u>	
3. The mailing	address (if different): SAN	IE			
4. Date of incor	poration/qualification:	12/07/1983	_ Document number:	N00231	<u> </u>
	d street address of the curre rtment of State: (If resigned		t and registered office on file wit	h the	
	Jay Steven Levine			_	
	2500 N. Military Trl., Suite 250				
	Boca Raton, FL 334	31			SE SEVE
6. The name and (if changed):	d street address of the new i	registered agent (if	f changed) and /or registered offi	ce	EGRETARY SIBN OF GO
	KATZMAN GARFINI	KEL		<u>.</u>	PH PH
	5297 WEST COPAN			_	SIAE RAIFO
	MARGATE, FLORID	P.O. Box NOT acc	eptable		O <u>*</u>
The street addr			ress of the business office of its	s registered	agent,
Such change w authorized by t	as authorized by resolution he board, or the corporation	n duly adopted by on has been notifie	its board of directors or by an ed in writing of the change.	officer so	
	re of an officey of director	- G	WARD MERD 15 Printed or typed name and tit	le VEEL	TREPOVERE/
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regist to comply with the provisi an familiar with and a ing filed merely to reflect a s been notified in writing a	ered agent and as ons of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper and com ion of my position as registered gistered office address, I hereb	iplete perfoi d agent. Or by confirm to	rmance ; if this hat the
	nature of Registered Agent		6 19 2015		
If signing on be	chalf of an entity.				
	H.C. KATZMAN, ESQ.	<u> </u>			

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