## PS 0000000 10N

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJI Name	ECT: PELICAN TRAIL HOMEOWNERS AS	SSOCIATION, INC.		_	
DOCU	JMENT NUMBER: N01000000029		<del></del>	_	
The cr	closed Statement of Change of Registered	l Office/Agent and fe	ee are submitted for	filing.	
Please	return all correspondence concerning this	matter to the follow	ing:		
BRITT	ANY MOORHEAD				
Name	of Contact Person				
BENC	HMARK PROPERTY MANAGEMENT. INC	C.		207	
Firm/Company					
7932 V	VILES ROAD			11 SE OF	
Addre	SS			25 25	
CORA	L SPRINGS, FL 33067			77.	
City/S	tate and Zip Code			<b>公</b> 异 建	
- ,	BRITTANY@BENCHMARI	КРМ.СОМ		1900 E	
E-ma	il address: (to be used for future annual		n)	2021/HOV 25 AM II: 31 SECRETARY OF SHITE STALLAHASSEE. FI.	
For fu	orther information concerning this matter, p	please call:			
BRIT	TANY MOORHEAD	at ( <sup>954</sup>	344-5353		
	Name of Contact Person	Area C	344-5353 Code & Daytime Tel	lephone Number	
Enclo	sed is a \$35.00 check made payable to the	Department of State	2.		
	Mailing Address: Amendment Section	Street Addr Amendmen			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

F 1385

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.				
	ne corporation: PELICAN TRAIL HOMEOWNERS ASSOCIATION, INC.				
2. The name of the	office address: C/O BENCHMARK PROPERTY MANAGEMENT				
	AD, CORAL SPRINGS, FL 33067				
3. The mailing ac	ddress (if different): SAME				
4. Date of incorporation/qualification: August 1997 Document number: N01000000029					
5. The name and	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)				
	KATZMAN CHANDLER,P.A				
6535 NOVA DRIVE SUITE 109					
FORT LAUDERDALE, FL 33317					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	MILBERG KLEIN, P.L.				
	1300 N. FEDERAL HIGHWAY, SUITE 205				
	P.O. Box NOT acceptable  BOCA RATON, FL 33432				
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 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.				
Sasia	L Regwankhah Saeid Rezvankhah, President  re of an officer or director  Printed or typed name and title				
-	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 performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the speed in writing of this change.				
Pw	enature of Registered Agent Date				
	ehalf of an entity:				
Pau	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, TAILLAHASSEE, FL 32314
CR2E045 (04/13)