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T SCHROEDER

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

statement of cha	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida change is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of I	Florida	
1. The name of t	of the corporation: Andalucia at Mizner Country Club Neighborhood	d Association, I	nc.
	pal office address: 16102 Mizner Club Drive, Delray Beach, FL 3344		
3. The mailing a	g address (if different):_Same as above		
4. Date of incorp	orporation/qualification: 01/19/2001 Document number: N0100	0000428	
	and street address of the current registered agent and registered office on file wo partment of State: (If resigned, enter resigned)	rith the	
	Campbell Property Management		
	16102 Mizner Club Drive		
	Delray Beach, FL 33446		ı
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered of):	1	
	Associated Corporate Services		,
	6111 Broken Sound Parkway NW, Suite 200	PH	ί_
	P.O. Box NOT acceptable Boca Raton, FL 33487	्र विष्	
The street addre	dress of its registered office and the street address of the business office of it ill be identical.	s registered agent	.,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so	
	Leo Schwartz - Treasu	rer	
-	ature of an officer or director Printed or typed name and fill	(c	
I hereby accept i I further agree to performance of i agent. Or, if thi, hereby confirm t	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and com of my duties, and I am familiar with and accept the obligation of my position this document is being filed merely to reflect a change in the regislered offic m that the corporation has been notified in writing of this change.	oplete 1 as registered 1e address, l	
/	June 20, 2019		
Sign	ignature of Registered Agent Date		
If signing on bet	ochalf of an entity:		
Louis	is Caplan, Esquire		
Ту	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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