## NOI 000 000 644

(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



700352462827

08/22/20--01007--005 \*\*35.00

RECEIVED SEP 21 2026

2020 SEP 21 PH 1: 39

1/2 1/2/1/20

## **COVER LETTER**

Division of Corporations

SUBJECT:

SUBJECT:

Name of Corporation

NO100000644

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:

DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

561 (288-3999

Name of Contact Person

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

TO:

Amendment Section

## 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: SEMINOLE LAKES HON	MEOWNER'S ASSOCI	ATIO	N, IN	IC.
	ice address: c/o FIRSTSERVICE RESID	ENTIAL, 12794 FOREST	T HILL	BLV	D.,
3. The mailing addr	ress (if different): N/A				
4. Date of incorpora	ation/qualification: 1/29/2011 Doc	cument number: N0100000	0644		
5. The name and str	reet address of the current registered agent and rent of State: (If resigned, enter resigned)	registered office on file with the			
В	ECKER & POLIAKOFF				
6:	25 N. FLAGLER DRIVE, 7TH FLO	OR	မွှာ	20	
<u> </u>	/EST PALM BEACH, FL 3401		TARE TARE	2020 SEP 21	12
6. The name and str (if changed):	reet address of the new registered agent (if chan	ged) and /or registered office	TARY OF AHASSE		į.
N	/ASSERSTEIN, P.A.		LS L	PH -	Ü
3	01 YAMATO ROAD, SUITE 2199		PAE	l: 39	
	P.O Box NOT acceptable OCA RATON, FL 33431				
The street address as changed will be	of its registered office and the street address o identical.	f the business office of its regis	stered ag	gent,	
	authorized by resolution duly adopted by its bo board, or the corporation has been notified in v				
1/15		Janes Steph	an	_	
I hereby accept the I further agree to a performance of my agent. Or, if this a hereby confirsh the	tan officer or director  appointment as registered agent and agree to comply with the provisions of all statutes relati duties, and I am familiar with and accept the locument is being filed merely to reflect a char at the corporation has been notified in writing	ive to the proper and complete obligation of my position as reage in the registered office add of this change.	egistered ress, l	 i 	
If signing on behal	f of an entity:	Date			
DANIEL WAS	•				

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 \* \* \*