

ND10000005796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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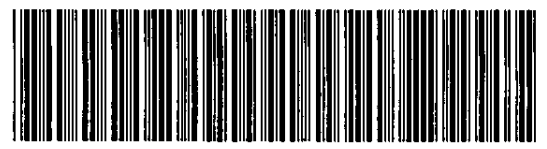
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Silverfalls Homeowners Association
Name of Corporation

DOCUMENT NUMBER: NO1000005796

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:

marotto
Patricia Marotto/Atlantis Management
Name of Contact Person

Atlantis Management
Firm/Company

11011 Sheridan St #208
Address

Cooper City, FL 33026
City/State and Zip Code

Manager@Silverfallshoa.com
E-mail address: (to be used for future annual report notification)

APPROVED
Amended Articles of
Incorporation
Acct. # 3075

For further information concerning this matter, please call:

Patricia Marotto at (205) 677-9880
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

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: Silverfalls Homeowners Association
2. The principal office address: 13150 Silverfalls Blvd. Miramar, FL 33026
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/20/04 Document number: NO1000005796
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Philip Crayle
370 W. Camino Garden Blvd. #300
Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brough, Chadwick & Levine, P.A.
1900 North Commerce Parkway, ~~and~~
P.O. Box NOT acceptable
Weston, FL 33326

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 resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Patrice Manto
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

8/17/12
Date

If signing on behalf of an entity:

Patrice Manto
Typed or Printed Name

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