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TO:

Amendment Section Division of Corporations

SUBJECT: Heron House Condominium Association	n Inc	
Name of Corporation		
DOCUMENT NUMBER: No 1000007589		
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:	
Vernon Strickland		
Name of Contact Person		
President Heron House		
Firm/Company		
620 NE 28 St. apt 101		
Address		
Wilton Manors fl 33333		
City/State and Zip Code		
heronhouse@onmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	lease call: at (954)610-3310	<u> قويا سخا</u>
Vernon Strickland	at 4954 \ \(\frac{610-3310}{2}\)) j
Name of Contact Person	Area Code & Daytime Telephone Number	
	· 27	
Enclosed is a \$35.00 check made payable to the I	Department of State.	
	်းကြီး ယူ	معزبا
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Heron House Condminium Association Inc
2. The principal	office address: 620 NE 28 Street Unit 101 Wilton Manors Fl 33334
3. The mailing ac	ddress (if different): 620 NE 28 Street Box 210 Wilton Manors Fl 33334
4. Date of incorp	poration/qualification: 10/24/2001 Document number: N01000007589
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	MG Property Management
	c/o MG Property Management
	3049 North Federal Highway Fort Lauderdale FL 33306
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Vernon Strickland
	620 NE 28 Street Unit 101
	P.O. Box NOT acceptable
	Wilton Manors FI 33334 P.O. Box NOT acceptable Villon Manors FI 333334
The street address changed will	ss of its registered office and the street address of the business office of its registered agent.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	Vernon Strickland President Heron House — e of an officer or director Printed or typed name and title
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
_V/S	2023
Sign	ature of Registered Agent Dafe
If signing on beh	nalf of an entity:
——————————————————————————————————————	ped or Printed Name

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