

NO1 0000008777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

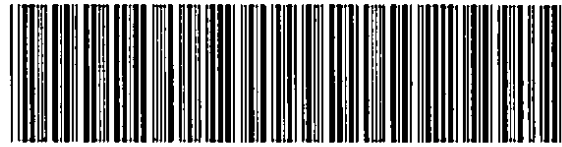
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400327198054

04/03/19--01003--005 **35.00

2018 APR -3 AM 10:41
OFFICE OF THE CLERK
TALLAHASSEE, FL 32301

APR 11 2019
CLERK/JR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVERGRENE MASTER ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: NO1000008777

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:

PEGGY BERTSCHE
Name of Contact Person

EVERGRENE MASTER ASSOCIATION INC
Firm/Company

650 EVERGRENE PARKWAY
Address

PALM BEACH GARDENS, FL 33410
City/State and Zip Code

PEGGYB@OUREVERGRENE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEGGY BERTSCHE at (561) 626-1981
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: EVERGREEN MASTER ASSOCIATION INC
2. The principal office address: 650 EVERGREEN PARKWAY
PALM BEACH GARDENS, FL 33410
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/14/2001 Document number: NO1000008777
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)

COPPLE SACHS COPPLE
11780 US HIGHWAY ONE, ST. 105
PALM BEACH GARDENS, FL 33408

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

FIELDS + BACHOVE PLLC
4440 PGA BLVD, ST 308
P.O. Box NOT acceptable
PALM BEACH GARDENS, FL 33410

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.

Dana Scott

Signature of an officer or director

Dana Scott SECRETARY

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.

ail

Signature of Registered Agent

4/1/19

Date

If signing on behalf of an entity:

Evan Bachove

Typed or Printed Name

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