N010000069045

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Only States Liph Holle II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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AUB 07 707 T SCHROEDER

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

Pursuant to the provisions of set	tions 607.0502, 617.050	02, 607.1508, or 617.1508, Florid	la Statutes, thi	is
in order to change its r	: jor a corporation organ egistered office or regist	nized under the laws of the State of tered agent, or both, in the State o	of Florida	
1. The name of the corporation:	DANFORTH VILL	AGE HOMEOWNERS A	SSOCIAT	
2. The principal office address: SUITE 31, WELLING		ESIDENTIAL, 12794 W. FC	REST HILI	LS BLVI
3. The mailing address (if different	ent): N/A			
4. Date of incorporation/qualific	ation: 12/28/2001	Document number: NO10	00000904	5
The name and street address of Florida Department of State: (f the current registered a If resigned, enter resigns	agent and registered office on file	with the	
WYANT-CO	ORTEZ & CORTE	Z, CHARTERED		
840 US HIC	SHWAY 1, SUITE	345	_ 	<u> </u>
NORTH PA	LM BEACH, FL 3	3408		19 ∦UG
6. The name and street address o (if changed):	f the new registered ager	nt (if changed) and /or registered of	office	ا موں ا
WASSERS	TEIN, P.A.			
301 YAMA	TO ROAD, SUITE	2199		≜ МП: 03
BOCA RAT	P.O. B∞ NOT ON, FL 33431	acceptable	<u>}</u> >>	
The street address of its register as changed will be identical.	ed office and the street a	address of the business office of	its registered	agent,
		by its board of directors or by ar lified in writing of the change.		
Signature of an officer or direct)	Acron Beinen, Pr	esident	
I hereby accept the appointment I further agree to comply with the performance of my dulies, and I	as registered agent and the provisions of all statu	Printed or typed fiame and it agree to act in this capacity. He are to the proper and concept the obligation of my position of change in the registered office writing of this change.	mplete	ed
Signature of Registered A	nent .	7/19/2019		
if signing on behalf of an entity:		Date		
DANIEL WASSERSTEI	N			
Typed or Printed Name				

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

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