

NO1882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

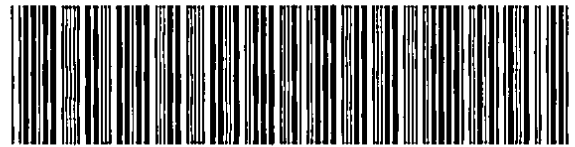
(Document Number)

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SECRET
TALLAHASSEE, FLORIDA

JUL 30 2019

S. YOUNG

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: Timberwalk II Association, Inc.
2. The principal office address: c/o TMG Property Management
3303 West Commercial Blvd., Suite 170, Fort Lauderdale, FL 33309
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 03/09/1984 Document number: N01882

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)

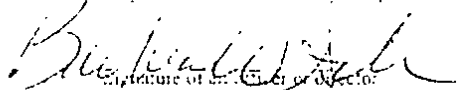
Katzman Chandler
1500 W. Cypress Creek Road, Suite 408
Fort Lauderdale, FL 33309

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

Associated Corporate Services
6111 Broken Sound Parkway NW, Suite 200
P.O. Box NOT acceptable
Boca Raton, FL 33487

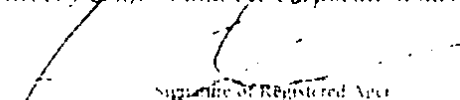
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of officer or director

Barbara S. Horne, 1102 BID President
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. On 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 of Registered Agent

1-1-9
Date

If signing on behalf of an entity:

Louis Caplan, Esquire

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

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