

N02000003582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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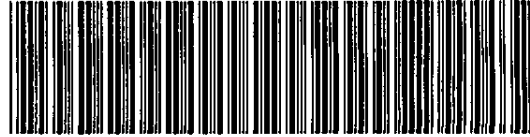
(Business Entity Name)

(Document Number)

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7-19-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Palmyra Estates Homeowners' Association, Inc  
Name of Corporation

DOCUMENT NUMBER: NO 200000 3582

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:

Ron Simmons  
Name of Contact Person

Allied Property Management Group, Inc.  
Firm/Company

1711 Worthington Rd Suite 103  
Address

West Palm Beach, FL 33409  
City/State and Zip Code

Ron @ Allied pmg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Simmons at (561) 214-4517 ext 102  
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: Palmyra Estates Homeowners Association  
2. The principal office address: c/o Allied Property Management Group, Inc.  
1711 Worthington Rd Suite 103 West Palm Beach, FL 33409  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 5/7/2002 Document number: NO2 000003582

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)

Jay Steven Levine P.A.  
3300 PGA Boulevard Suite 570  
West Palm Beach, FL 33410

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

Bukalar + Associates, P.A.  
150 South Pine Island Rd Suite 540  
Sabadell Financial Center  
Plantation, FL 33324

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.

Carrie Prusa  
Signature of an officer or director

Carrie Prusa  
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

7/11/2011  
Date

If signing on behalf of an entity:

Cory Kravit, Esq for Bukalar & Assoc., P.A.  
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