

N02 000004193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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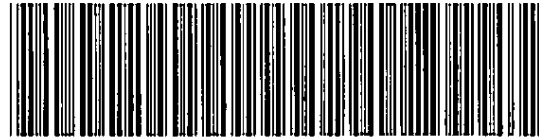
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AK

SIEGFRIED RIVERA

Laura M. Manning-Hudson
lmanning@siegfriedrivera.com

January ~~31~~²⁷, 2021

Sent Via U.S. Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Palmetto Place at Mizner Park Condominium Association, Inc. ("Association")

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of \$35.00 for the filing of same.

If you have any questions or require further documentation, please contact the undersigned.

Very truly yours,

SIEGFRIED RIVERA



Laura M. Manning-Hudson, Esq.

LMH/kmr
Enclosures

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N02000004193

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:

Leiann Dodd, Manager

Name of Contact Person

FirstService Residential

Firm/Company

99 SE Mizner Blvd., Unit 100

Address

Boca Raton, FL 33432

City/State and Zip Code

manager@palmettoplace.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leiann Dodd, Manager

Name of Contact Person

at (561) 347-1704 x4

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: PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: c/o FirstService Residential, 99 SE Mizner Blvd., Unit 100,
Boca Raton, FL 33432
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/31/2002 Document number: N02000004193

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)


Corman, Larry
2255 Glades Rd., 400-E
Boca Raton, FL 33431

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

SKRLD, INC.
201 Alhambra Circle, 11th Floor
P.O. Box NOT acceptable
Coral Gables, FL 33134


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 an officer or director

Andrew R. Morrow
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.

By: 
Signature of Registered Agent

1/22/21
Date

If signing on behalf of an entity:

Lisa A. Lerner
Typed or Printed Name

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

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