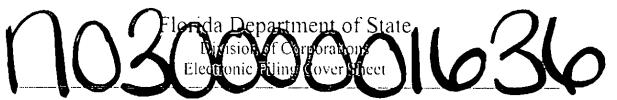
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

REGISTERED AGENT CHANGE THOUSAND OAKS AT CONGRESS MASTER ASSOCIATION, INC.

Certificate of Status	0
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Τœ

By:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FL
	r to change its registered office or registered agent, or both, in the State of Florida,
1. The name of	the corporation: Thousand Oaks at Congress Master Association, Inc.
2. The principal	office address: 1034 CENTERSTONE LANE, RIVIERA BEACH, FL 33404
3. The mailing a	iddress (if different):
4. Date of incor	poration/qualification: 03/22/2006 Document number: N03000001636
	I street address of the current registered agent and registered office on file with the timent of State; (If resigned, enter resigned)
	Stoloff & Manoff
	1818 AUSTRALIAN AVE SOUTH, SUITE 400
	WEST PALM BEACH, FL 33409
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office:
	C T Corporation System
	1200 South Pine Island Road
	P.O. Box NOT acceptable Plantation, Florida 33324
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
_	Wright Thompson President The of an officer or director Printed or typed name and title
I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change. System
	12/10/2024
u.	half of an entity:
	·
Terric Bates, Ass	yped of 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 (04/13)