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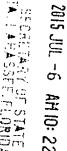
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C. CARROTHERS

COVER LETTER

TO:	Amendment Section Division of Corporations			
SHRT	San Briana at Crystal Lakes Homeowners Association, Inc.			
SODO	Name of Corporation			
noci	N0300004117 UMENT NUMBER:			
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	g.		
Please	return all correspondence concerning this matter to the following:			
	Steven A. Imparato, Esq.			
	Name of Contact Person			
	Steven A. Imparato, P.A.			
Firm/Company				
185 NW Spanish River Blvd., Ste. 200				
Address				
	Boca Raton, FL 33431			
City/State and Zip Code				
steven@simparatolaw.com				
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
Steve	en Imparato 561 289-1588			
	Name of Contact Person at (e Number		
Enclos	ed is a \$35,00 check made payable to the Department of State.			
	Mailing Address: Street Address:			
	Amendment Section Amendment Section			
	Division of Corporations Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Cir	ole		
	Tallahassee, FL 32314 2001 Executive Center Ch	OIO		

BOTH FOR CORPORATIONS

statement of ch	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor change is submitted for a corporation organized under the laws of the State	of Florida
in orde	order to change its registered office or registered agent, or both, in the State	•
1. The name of	San Briana at Crystal Lakes Homeowners Assorthe corporation:	
2. The principal	pal office address: 4115 Crystal Lake Dr., Pompano Beach, FL 33	3064
3. The mailing a	4115 Crystal Lake Dr., Pompano Beach, F	L 33064
4. Date of incor	. Date of incorporation/qualification: 5/15/03 Document number: N03000004117	
	and street address of the current registered agent and registered office on fil partment of State: (If resigned, enter resigned)	e with the
	Self Managed	
	4115 Crystal Lake Dr.	
	Pompano Beach, FL 33064	
6. The name and (if changed):	d office 2015 JUL	
	Steven A. Imparato, P.A.	\$ - 5
	185 NW Spanish River Blvd., Ste. 200	AH IO: 27
	P.O. Box NOT acceptable Boca Raton, FL 33431	0: 22 TATE 0.*IDA
The street addre	dress of its registered office and the street address of the business office o	f its registered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
Rugnatur	RUSSELL W. HIN parture of an officer or director Printed or typed name an	d title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	rpt the appointment as registered agent and agree to act in this capacity. We to comply with the provisions of all statutes relative to the proper and coof my duties, and I am familiar with and accept the obligation of my position this document is being filed merely to reflect a change in the registered of this corporation has been notified in writing of this change.	complete tion as registered ffice address, I
	Signature of Registered Agent Date	
Sign	Signature of Registered Agent Date	
	behalf of an entity:	
Steven Impar	parato	
Ту	Typed or Printed Name	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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