N03000006440

| (Re | equestor's Name) | |
|---|--------------------|------|
| (Ac | ddress) | |
| , (Ac | idress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nar | me) |
| (Do | ocument Number) | |
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COVER LETTER

SUBJECT: OLD PROGRESSO VILLAGE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N03000006440 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: STEVEN S. VALANCY (Name of Contact Person) JENNINGS & VALANCY, P.A. (Firm/Company) 311 SE THIRD STREET (Address) FORT LAUDERDALE, FLORIDA 33316 (City/State and Zip Code) For further information concerning this matter, please call: DONNA AVEN 954-463.1600 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

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

TO:

Amendment Section Division of Corporations

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 Sta inge is submitted for a corporation organized under the laws of the State of Fl ir to change its registered office or registered agent, or both, in the State of Flor | .ORIDA | | _ |
|--|---|-------------------------------|---------------------------|--------------------|
| 1. The name of | the corporation: OLD PROGRESSO VILLAGE HOMEOWNERS ASSOCIATIO | N, INC. | | |
| | office address: 715 NW 1ST STREET, FORT LAUDERDALE, FL 33311 | | | |
| 3. The mailing a | address (if different): P.O. BOX 23253, FORT LAUDERDALE, FL 33307 | | | |
| 4. Date of incor | poration/qualification: 07/28/2003 Document number: N0300000 | 6440 | | |
| | d street address of the current registered agent and registered office on file with timent of State: | the . | | |
| | NORMA WATHEY . | AC LE |)8 SI | يسيس |
| | 715 NW 1ST AVENUE | HASS | -P | |
| | FORT LAUDERDALE, FLORIDA 33316 | SEE. | 5 PM | m |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | EL ÜBIL: | 1:32 | O |
| | STEVEN S. VALANCY | , | | |
| | 311 SE THIRD STREET | | | |
| | (P.O. Box NOT acceptable) FORT LAUDERDALE, FLORIDA 33316 | | | |
| as changed will | ess of its registered office and the street address of the business office of its be identical. | - | _ | ent, |
| Such change w authorized by t | as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change. | fficer so |) | |
| (Signai | ure of an officer of director) (Printed or typed name and tith | 31 | <u>, S</u> | ECRETURE |
| I hereby accept I further agree of my duties, an document is be corporation ha | the appointment as revistered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp and I hm familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change. | lete per agent. confirn | forma Or, if n that | nce this the |
| \subseteq | Dquy Q | | | |
| , | gnature of Registered Agent) (Date) | | | |
| If signing on be | chalf of an entity: | | | |
| | Typed or Printed Name) | | | |

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