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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Southpointe II Homeowners' Association, Inc. Name of Corporation					
DOCUMENT N	UMBER:	N	N03831		
The enclosed Sta	tement of Change	of Registered Office	Agent and fee are subm	itted for filing.	
Please return all	correspondence co	ncerning this matter	to the following:		
		Russell M. Ro Name of Con	obbins, Esq. tact Person		
·		Mirza Basulto & Firm/Cor			
	1416	60 Palmetto Front Addre	age Road, Suite 22		
		Miami Lakes, F City/State and	lorida 33016 I Zip Code		
	E-mail address	rrobbins@mbrlas: (to be used for fu	awyers.com ture annual report noti	fication)	
For further infor	mation concerning	this matter, please ca	ali:		
	ssell M. Robbin lame of Contact Pe		at (954) Area Code & Dayt	510-1000 ime Telephone Number	
Enclosed is a \$3:	5.00 check made pa	ayable to the Departr	nent of State.		
	Division of P.O. Box	ent Section of Corporations	Street Address Amendment S Division of C Clifton Build	ection orporations	

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.8 statement of change is submitted for a corporation or		
in order to change its registered office or reg		
1. The name of the corporation: Southpointe II	Homeowners' Associatio	n, Inc.
2. The principal office address: 11784 West Sam	ple Road, Suite 103	
•		
3. The mailing address (if different):		· .
4. Date of incorporation/qualification: 06/19/19	Document number:	N03831
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi	-	with the
United Community Managem	nent Corp .	
11784 West Sample Road, S	Suite 103	
Coral Springs, Florida 33065		
6. The name and street address of the new registered a (if changed):	ngent (if changed) and /or registered	SECRET SECRET
Mirza Basulto & Robbins, LL	P	AHAS IN THE INTERPRETATION OF THE INTERPRETA
14160 Palmetto Frontage Ro	pad, Suite 22	SEE. F
Miami Lakes, Florida 33016	тот ассраиле) 9: 25 9: 25 STATE
The street address of its registered office and the stras changed will be identical.	reet address of the business office o	of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been		an officer so
Signature of air officer or director	Printed or typed dame a	Arx3 (DENT
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change i corporation has been notified in writing of this cha	statutes relative to the proper and obligation of my position as regist n the registered office address. I he	complete performance ered agent. Or, if this ereby confirm that the
Signature of Registered Agent	Mounte & Loss Date	1
If signing on behalf of an entity:		
Russell M. Robbins, Esq., Partner		
***FILING	FEE: \$35.00 * * *	
MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION CR2E045 (8/05)	FLORIDA DEPARTMENT OF STATE s, P.O. Box 6327, Tallahassee,	FL 32314