

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195

(850)521-1000

Phone

(850) 271-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

COMMUNITY ASSOCIATION LEGISLATIVE LOBBY, IN

	بسيك فللتستثق فسنتساف
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of <u>Florida</u> er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Community Association Legislative Lobby, Inc.
	office address: 3111 Stirling Road erdale, FL 33312
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 1/21/04 Document number: N0400000737
	I street address of the current registered agent and registered office on file with the street of State:
	Donna D. Berger, Esq., Becker & Poliakoff, P.A.
	3111 Stirling Road
	Fort Lauderdale, FL 33312
 The name and (if changed): 	I street address of the new registered agent (if changed) and /or registered office AHA
	Becker & Poliakoff, P.A., Gary A. Poliakoff, President
	3111 Stirling Road Property P
	Fort Lauderdale, FL 33317
The street address changed will	ss 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 the board, or the corporation has been notified in writing of the change.
(Signah)	Gary A. Poliakoff, President (Stanled or typed name and table)
hereby accept further agree to f my duties, and locument is being	the appointment as registered agent and agree to act in this capacity, or complete performance of 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.
	4-17-07
	nature of Registered Agent) (Date)
	half of an entity:
Gary A. Poli	akoff yped or 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 (8/05)

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