

NO4000 003 372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

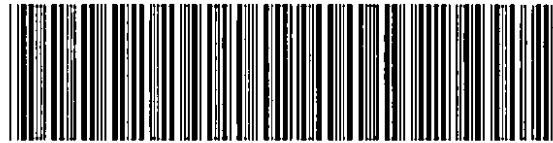
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000335548660

10/21/19--01018--007 **35.00

2019
10:44:01

RA/R o/chg

NOV 08 2019
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LONG LAKE RANCHES WEST HOA
Name of Corporation

DOCUMENT NUMBER: NO4000003372

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:

KIMMARIE GUGLIUZZA
Name of Contact Person

MIAMI MANAGEMENT INC
Firm/Company

1145 SAWGRASS CORP PKWY
Address

SUNRISE FL 33323
City/State and Zip Code

kgugliuzza@miamimanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMMARIE GUGLIUZZA at 954 846 8158
Name of Contact Person Area Code & Daytime Telephone Number

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

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LONG LAKE RANCHES WEST HOA
2. The principal office address: 11296 CANYON MAPLE BLVD
DAVIE FL 33330
3. The mailing address (if different): 1145 SAWGRASS CORP PKWY
SUNRISE FL 33323
4. Date of incorporation/qualification: APRIL 2004 Document number: NO4000003372

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KATZMAN AND GARFINKLE

5297 WEST COPAND ROAD

MARGATE FL 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SHAPIRO BLASI WASSERMAN & HERMANN, P.A.

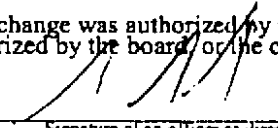
7777 GLADES ROAD/SUITE 400

P.O. Box NOT acceptable

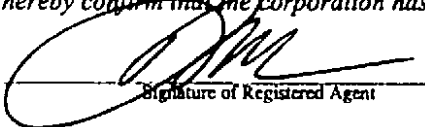
BOCA TAON FL 33434

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

 9/26/19 Brian SAUL, President LLRW
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 9/27/19
Signature of Registered Agent Date

If signing on behalf of an entity:

Andrew B. Blasi, Esq
Typed 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