## 04800006578

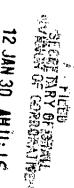
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500219232505

01/30/12--01015--024 \*\*35.00



R.A. Chiq.

JAN 🕉 👂 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations						
SUBJECT: La Preserve Homeowner Name of Co						
DOCUMENT NUMBER: N040	00006578					
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:					
Michael S. Sheitelman Name of Contact Person						
Name of Com	lact reison					
GrayRobinson, PA						
, Firm/Company						
401 East Las Olas Boulevard, Suite 1850 Address						
Fort Lauderdale, Florida 33303						
City/State and Zip Code						
michael.sheitelman@gray-robinson.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please ca	ill:					
Michael S. Sheitelman	at ( 954 ) 761-8111 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Departn	nent of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					

TO:

Amendment Section

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

	provisions of sections 607.0502, 6 unge is submitted for a corporation				
in orde	er to change its registered office of	r registered	d agent, or both, in the Sta	te of Florida.	
1. The name of	the corporation: La Preserve	<u>Home</u>	owners Associatio	n, Inc.	
2. The principal	office address: 1400 SW 20th	Street, f	Fort Lauderdale, Flori	ida 33315	<u>.</u>
<u> </u>					
3. The mailing a	address (if different): PO Box 3	50554, F	ort Lauderdale, Florid	da 33335-05	554
4. Date of incor	poration/qualification:07/06	5/2004	Document number:	N04000	006578
	d street address of the current registment of State: (If resigned, enter		t and registered office on f	ile with the	
	Sheitelman Law, PA; Attn:	Michael	S. Sheitelman	<del> </del>	
	3858-S Sheridan Street				
	Hollywood, Florida 33021				3
6. The name and (if changed):	I street address of the new register	ed agent (if	f changed) and /or registen	ed office	新版原序。 12 JAN 30
	GrayRobinson, PA; Attn: N	Michael S	S. Sheitelman		
	401 East Las Olas Boulev				
		Box NOT acc	eptable		5 S
	Fort Lauderdale, Florida 3	3303	<del>_</del>		
The street addre as changed will	ess of its registered office and the be identical.	street add	ress of the business office	e of its registe	red agent,
Such change wa authorized by the	as authorized by resolution duly a be board, or the corporation has b	adopted by Seen notific	its board of directors or ed in writing of the chang	by an officer s ge.	80
Inhaw.	Passer— Te of an officer or director	~ <i>-4</i>	Andrew W. Russo, Pres	lderit	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	gent and ag all statutes the obligat ge in the re change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete pe istered agent. hereby confir	rformance Or, if this m that the
			1.26.12		
	nature of Registered Agent	_	Date		
	half of an entity:				
	PETELMONI Oped or Printed Name	-			
13	ped or rimed paint				

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