

ND4 00000 7636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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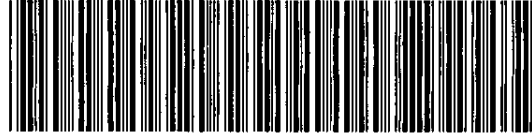
(Business Entity Name)

(Document Number)

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TOLSON BUILDING
WASHINGTON, D.C. 20540

AUG 10 2015

C. CARROTHERS

**BECKER &
POLIAKOFF**

Mark D. Friedman, Esq.
Shareholder
Phone: (561) 820-2868 Fax: (561) 832-8987
mfriedman@bplegal.com

Bank of America Centre
625 N. Flagler Drive, 7th Floor
West Palm Beach, Florida 33401

August 6, 2015

VIA REGULAR U.S. MAIL

Corporate Regular U.S. Mail
Divisions of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

**Re: Belvedere Isles Master Association, Inc.; Statement of Change of
Registered Office or Agent or Both for Corporations**

Dear Sir or Madam:

Enclosed please find the executed Statement of Change of Registered Office or Registered Agent form for the above-reference Association, as well as a check in the amount of \$35.00 to cover the filing fee cost.

If you have any questions or require anything further, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Very truly yours,


Mark D. Friedman
For the Firm

MDF/mc
Enclosure

cc: Belvedere Isles Master Association, Inc. (via email)

ACTIVE#7441879-1

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Belvedere Isles Master Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000007636

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:

Mark D. Friedman, Esq.

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

625 N Flagler Drive, 7th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

mfriedman@bplegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark D. Friedman, Esq. at (561) 655-5444

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: Belvedere Isles Master Association, Inc.
2. The principal office address: c/o Board of Directors, P.O Box 222697, West Palm Beach, FL 33422

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/29/2004 Document number: N04000007636

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)

Tallfield Associates, LLC

P.O. Box 212995

Royal Palm Beach, FL 33421

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

Mark D. Friedman, Esq., c/o Becker & Poliakoff, P.A.

625 N Flagler Drive, 7th Floor

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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.

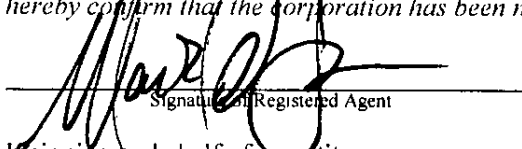


Signature of an officer or director

GERMAINE VICKERS

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.



Signature of Registered Agent

8-6-2015

Date

If signing on behalf of an entity:

Becker & Poliakoff, P.A.

Typed or Printed Name

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