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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2015

TAMAR DUFFNER SHENDELL, ESQ.
SHENDELL & ASSOCIATES, P.A.
5340 N. FEDERAL HIGHWAY, SUITE 201
LIGHTHOUSE POINT, FL 33064 US

SUBJECT: ORCHID GROVE ASSOCIATION, INC.
Ref. Number: N04000007731

We have received your document for ORCHID GROVE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 115A00012952

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orchid Grove Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 201469350

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:

Tamar Duffner Shendell, Esq.

Name of Contact Person

Shendell & Associates, P.A.

Firm/Company

5340 N. Federal Highway, Suite 201

Address

Lighthouse Point, FL 33064

City/State and Zip Code

tamar@shendell-law.com

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

For further information concerning this matter, please call:

Tamar Duffner Shendell, Esq. at (954) 781-3747

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: Orchid Grove Association, Inc.
2. The principal office address: c/o Shendell & Associates, P.A., 5340 N. Federal Highway Suite 201, Lighthouse Point, Florida 33064
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/02/2004 Document number: N04000007731

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)

Katz, Steven B c/o Kubicki Draper

One E Broward Blvd., 1600

Fort Lauderdale, FL 33301

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

Shendell & Associates, P.A.

5340 N. Federal Highway, Suite 201

P.O. Box NOT acceptable

Lighthouse Point, Florida 33064

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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

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

07/08/2015

Date

If signing on behalf of an entity:

Tamar Shendell *President*

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