## 1040000 8154

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(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: The Reserve at Isles at Bayshore Homeownes Association Inc Name of Corporation
DOCUMENT NUMBER: NO40000 8154
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:
Robert F. Cooke Name of Contact Person  Cooke Law Group Firm/Company
9245 SW 158 Lave Address
Miami FC 33157  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Robert F. Cooke at (305) 259 8054
Name of Contact Person at (305) 259 8054  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

CR2E045 (03/12)

## 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 Statute statement of change is submitted for a corporation organized under the laws of the State of florid in order to change its registered office or registered agent, or both, in the State of Florid	orida_	
1. The name of the corporation: The Reserve at Isles at Bayshire	Homeowner	s Associate
2. The principal office address: Yo First Service Residential		
2950 N. 28 Terrace Hollywood FL 33020	<del></del>	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 8/19/2004 Document number: N040000	08154	
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)	•	
Robert F. Cooke PA		
9245 SW 158 Lave	<b>5</b>	
Miami PC 33157	4 JUN SECRE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	JUN 30 PM CRETARY OF AHASSEE.	AND
Cooke Law Group LLC	F ST F ST F ST F ST F ST F ST F ST F ST	r C:
9245 SW 158 Lane PO. Box NOT acceptable	ATE ORIDA	
Miami FC 33157		
The street address of its registered office and the street address of the business office of its regi as changed will be identical.	stered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so	
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 reagent. Or, if this document is being filed merely to reflect a change in the registered office adahereby confirm that the corporation has been notified in writing of this change.	gaistorod	
Signature of Registered Agent 6-75-14 Date		
If signing on behalf of an entity:		
Typed or Printed Name		
* * * FILING FEE: \$35.00 * * *		