N04488

(Re	questor's Name)	
(Add	dress)	
•	,	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	_	_
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(Do	cument Number)	
Certified Conies	Certificate	e of Status
Certified Copies	fied Copies Certificates of Status	
Special Instructions to I	Filing Officer:	





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04/08/20--01009--012 **35.00



S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

THE PALMS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC. Name of Corporation 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: DANIEL WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 301 YAMATO ROAD, SUITE 2199 BOCA RATON, FL 33431 City/State and Zip Code

danw@wassersteinpa.com

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

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

Name of Contact Person

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 nange is submitted for a corporation organized under the laws of	the State of FLORIDA	
	ler to change its registered office or registered agent, or both, in t	•	
	f the corporation: THE PALMS AT BOCA POINTE HOMEC		NC
•	al office address: C/O CAMPBELL PROPERTY MANA		
1215 E. I	HILLSBORO BLVD., DEERFIELD BEACH, FL 3	3441	
3. The mailing	address (if different): N/A		
4. Date of incor	erporation/qualification: 8/1/1984 Document numb	er: N04488	
5. The name an Florida Depa	nd street address of the current registered agent and registered offi artment of State: (If resigned, enter resigned)		
	SACHS, SAX & CAPLAN		
	6111 BROKEN SOUND PKWY NW, SUITE 2	00 2	
	BOCA RATON, FL 33487	2020 APR	,
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or r	registered office	:
	WASSERSTEIN, P.A.	700	
	301 YAMATO ROAD, SUITE 2199		
	P.O. Box. NOT acceptable	5	
	BOCA RATON, FL 33431		
The street addr	ress of its registered office and the street address of the business ll be identical.	office of its registered agent,	
Such change wauthorized by the	was authorized by resolution duly adopted by its board of directo the board, or the corporation has been notified in writing of the	ors or by an officer so change.	
1 mode	ture of an officer or director Printed or typ	SKIN INESIPENT	
I hereby accept I further agree performance of agent. Or, if the	of the appointment as registered agent and agree to act in this constitute to the provisions of all statutes relative to the provisions of all statutes relative to the provision of my duties, and I am familiar with and accept the obligation of his document is being filed merely to reflect a change in the region that the corporation has been notified in writing of this change in the constitution of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing of this change in the corporation has been notified in writing the corporation with the corporation has been notified in writing the corporation with the corporati	apacity, per and complete my position as registered	
X-X-[\W\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WWW 4/1/2020 ignature of Registered Agent		
	ehalf of an entity:	Next c	
	VASSERSTEIN		
	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
CR2E045 (03/12)