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PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: WATERSIDE AT BOYNTON HOMEOWNERS' ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N05000003798 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 Ungerbuehler Name of Contact Person Sachs Sax Caplan, PL Firm/Company 6111 Broken Sound Pkwy NW, Suite 200 Address Boca Raton City/State and Zip Code mungerbuehler@ssclawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Name of Contact Person

Amendment Section
Division of Corporations
The Centre of Tallahassee

at (561) 994-4499 Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

Michael Ungerbuehler

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

statement of ch	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{\Gamma}{\Gamma}$ registered agent, or both, in the State of F	Florida	
1. The name of	the corporation: Waterside at Boynto	on Homeowners' Association, Inc.		
	office address: Certified Residential	Management Group, 160 Congress Park Dri	ive, Suite 111	
3. The mailing	address (if different): same as princip	oal address		
4. Date of incorporation/qualification: 4/14/2005 Document number: N0500000)3798	
5. The name and		ered agent and registered office on file with		
	Sajdera Morris			
	700 South Federal Highway, Suite 20			
	Boca Raton, FL 33432		SE	
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered offic	AR)	
	Sachs Sax Caplan, PL		SSE SSE	
	6111 Broken Sound Parkway NW, Suite 200		E.F.	•
	P. Boca Raton, FL 33487	O. Box NOT acceptable	AIE	
/ \ -		treet address of the business office of its		ent,
den	as authorized by resolution duly add the board, or the corporation has been re of an officer or director	opted by its board of directors or by an or notified in writing of the change. Printed or typed name and title	officer so	_
hereby accept further agree to f my duties, an document is bei corporation has	the appointment as registered ager to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change we been notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and comp e obligation of my position as registered in the registered office address, I hereby inge.	plete performa agent. Or, if confirm that	ince this the
Micha	el Ungerbuehler	May 24, 2022		
Sign	nature of Registered Agent	Date		_
f signing on be	half of an entity:			
Michael Ungerbu				
13	ped or Printed Name			

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