

N05000010536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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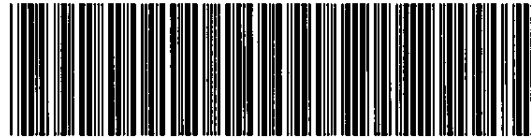
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

C. LEWIS
Sept 29, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2014

CHRISTINA TUDER / FIRST SERVICE RESIDENTIAL
5808 BLUE LAGOON DR SUITE 310
MIAMI, FL 33126 US

SUBJECT: THE COVE AT ISLES AT BAYSHORE HOMEOWNERS
ASSOCIATION, INC.
Ref. Number: N05000010536

We have received your document for THE COVE AT ISLES AT BAYSHORE HOMEOWNERS 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):

The registered agent must sign accepting the designation.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 614A00018516

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Cove at Isles at Bayshore HOA, Inc.
Name of Corporation

DOCUMENT NUMBER: ND5000010536

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:

Christina Tudor
Name of Contact Person

First Service Residential
Firm/Company

5808 Blue Lagoon Dr., Ste 310
Address

MIAMI FL 33126
City/State and Zip Code

Christina.Tudor@FSResidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Tudor at (305) 389 0438
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: the Cove at Isles at Bayshore HOA, Inc.
2. The principal office address: 5805 BLUE LAGOON DRIVE, Ste 310
MIAMI FL 33126
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 10/12/2005 Document number: NO5000010536

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)

SKRLD, LLC
201 Alhambra Circle, Ste 1102
Coral Gables, FL 33126

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

ASSOCIATION LAW GROUP P.L.
1200 BRICKILL AVE, Ste 2000
P.O. Box NOT acceptable
MIAMI, Florida 33131

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 this change.

[Signature]
Representative of an officer or director

ANA J
Printed or typed name last first

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]
Registered Agent Signature

8/18/14
Date

If signing on behalf of an entity:

Bridgette E. Bonet, Esq.
Typed or Printed Name
Association Law Group

FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2ED43 (03/12)

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DIVISION OF CORPORATIONS