

NO 5210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

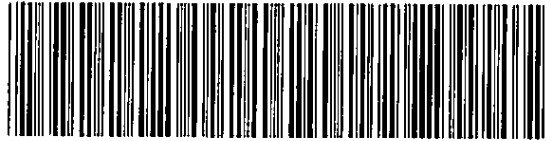
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2024 JUL 27 PM 4:05
JUL 27 2024

LAW OFFICES
MARTIN & MARTIN, P.A.

ROBERT C. MARTIN
ROBERT C. MARTIN, JR.

319 SOUTHEAST 14TH STREET
FORT LAUDERDALE, FLORIDA 33316-1929

FAX (954) 522-8610
TELEPHONE (954) 524-5331

June 24, 2024

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Karanda Village IV Condominium Association,
Inc./General/Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the following:

1. Statement of Change of Registered Office/Agent; and
2. Our check in the sum of \$35.00 made payable to Florida Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & MARTIN, P.A.



Robert C. Martin

RCM:skk
enclosures
cc: Treasurer
Rita J. Schneider, LCAM

**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: KARANDA VILLAGE IV CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: c/o Spectrum Assoc Services Inc
8927 Hypoluxo Road, Suite A4 218, Lake Worth, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification 9/20/1984 Document number: N05276
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)
SPECTRUM ASSOCIATION SERVICES, INC.
8927 Hypoluxo Road, Suite A4 213
Lake Worth, FL 33467

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

Robert C. Martin, Esq.
319 S.E. 14th Street
Ft. Lauderdale, FL 33316

P.O. Box NOT acceptable

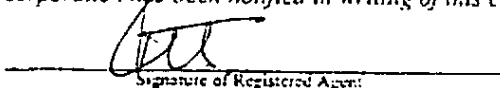
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JOHN POWELL, Treasurer
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

6/21/24
Date

If signing on behalf of an entity:

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
CR28045 (04/13)

2024 JUN 27 PM 1:05

FILED