## N05642

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations         |  |
|--|--|
| SUBJECT: CYPRESS CHASE NORTH CONDOMNAME of Corporation | MINIUM NO. 4 ASSOCIATION, INC.                           |
| DOCUMENT NUMBER: N05642                                |  |
| 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:                                 |
| Euro C Donaghara Esu                                   |  |
| Evan S. Rosenberg, Esq. Name of Contact Person         | ***  |
| Ritter Chusid, LLP                                     |  |
| Firm/Company   |  |
| 5850 Coral Ridge Drive, suite 201                      |  |
| Address  |  |
| Coral Springs, FL 33076                                |  |
| City/State and Zip Code                                |  |
| erosenberg@ritterchusid.com                            |  |
| E-mail address: (to be used for future annual          | report notification)                                     |
|  |  |
| For further information concerning this matter, p      | please call:   |
| Evan Rosenberg   | at (954 ) 540-5727  Area Code & Daytime Telephone Number |
| 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

CR2E045 (04/13)

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

| statement of cha   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes<br>nge is submitted for a corporation organized under the laws of the State of Florida<br>r to change its registered office or registered agent, or both, in the State of Florida.  |   |
|--|--|---|
| 1. The name of t   | he corporation: CYPRESS CHASE NORTH CONDOMINIUM NO. 4 ASSOCIATION  | N, INC.   |
| 2. The principal   | office address: 3101 &3121 NW 47TH TERR, Condo #4  LAKES, FL 33319   |   |
| 3. The mailing a   | ddress (if different): 2331 N. State Road 7, #213, Lauderdale Lakes, FL 33313  |   |
| 4. Date of incorp  | poration/qualification: 10/12/1984 Document number: N05642   |   |
|  | I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)  |   |
|  | Steven A. Wagner, Esq.   |   |
|  | 3275 W. Hillsboro Blvd., #205, Deerfield Beach, FL 33442   | 2022 7 11 12                                    |
| 6. The name and (if changed):  | I street address of the new registered agent (if changed) and /or registered office  Ritter Chusid, LLP. c/o Evan Rosenberg  | . 12 PH 3: 2                                    |
|  | 5850 Coral Ridge Drive, Suite 201  | CII   |
|  | P.O. Box NOT acceptable  |   |
|  | Coral Springs, FL 33076  |   |
|  | ess of its registered office and the street address of the business office of its regis<br>be identical.   |   |
| Haren  | as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.  SHARON MONROE  Printed or typed name and title  | r so  |
| I hereby accept<br>I further agree<br>of my duties, an<br>document is bei<br>corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address. I hereby const been notified in writing of this change. | performance<br>it. Or, if this<br>firm that the |
| - \$i0   | enature of Registored Agent Date   |   |
| , -  | chalf of an entity:  |   |
| EVAN R   | yped or Printed Maine  |   |
| T  | yped or Printed Mame   |   |

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