

NOL 000000 3849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

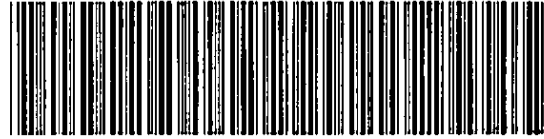
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 27 AM 7:16

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 32304

FEB 22 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Pointe At Sawgrass Owner's Assn.
Name of Corporation

DOCUMENT NUMBER: N06000003849

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:

Mara Porras

Name of Contact Person

Ciminelli Real Estate Services

Firm/Company

2901 W. Cypress Creek Rd. #104

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

mporras@ciminelli.com

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

For further information concerning this matter, please call:

Mara Porras

Name of Contact Person

954 900-5436

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 Pointe at Sawgrass Owner's Association, FL
2. The principal office address: 2901 W. Cypress Creek Road, Suite 104
Ft. Lauderdale, FL 33309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/6/2006 Document number: N06000003849

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)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

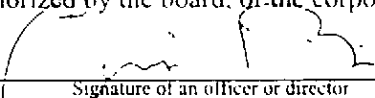
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ciminelli Real Estate Services
2901 W. Cypress Creek Road, Suite 104
P.O. Box NOT acceptable
Ft. Lauderdale, FL 33309


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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32307

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
Chesmoner Porras - Pres. 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
12/23/15 Date

If signing on behalf of an entity:

Mara Porras
Typed or Printed Name

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