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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

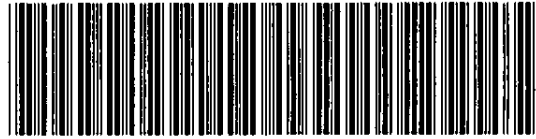
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
16 MAY 11 PM 1:56

SECRETARY OF STATE
T. E. HANSEN, JR.
A

2016 MAY 11 P 12:07

FILED

MAY 24 2016
T. DEMELIX

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 138166 8056587

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 11, 2016

ORDER TIME : 12:12 PM

ORDER NO. : 138166-005

CUSTOMER NO: 8056587

CHANGE OF AGENT

NAME: PGA HOTEL-RETAIL PROPERTY
OWNERS' ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

NOTE: MS. TRACY, THIS WAS FILED ON 05/11/2016 BUT ON THE
INACTIVE PROFIT CORP THAT THIS NONPROFIT CORP CONVERTED FROM. I
HAVE CORRECTED THE DOCUMENT NUMBER. THANK YOU FOR YOUR HELP AND
LET ME KNOW IF YOU HAVE ANY QUESTIONS.

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PGA HOTEL-RETAIL PROPERTY OWNERS' ASSOCIATION, INC.
(Name of corporation)

DOCUMENT NUMBER: N06000006022

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:

(Name of contact person)

PGA Hotel Retail Property Owners' Association, Inc.
(Firm/Company)

4431 PGA Boulevard
(Address)

Palm Beach Gardens, Florida 33410
(City/state and zip code)

For further information concerning this matter, please call:

Samir Patel, Esq. at (678) 443-2220
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2B045(6/04)

**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: PGA HOTEL-RETAIL PROPERTY OWNERS' ASSOCIATION, INC.
2. The principal office address: 4431 PGA Boulevard, Palm Beach Gardens, FL 33410
3. The mailing address (if different): Kumar, Prabhu, Pate & Banerjee, LLC, c/o One Lakeside Commons, Suite 800, 990 Hammond Drive, Suite 800, Atlanta, Georgia 30328, Attn: Samir Patel, Esq.
4. Date of incorporation/qualification: 09/28/2000 Document number: N06000006022
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island

Plantation, FL 33324

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

Patel, Pradip

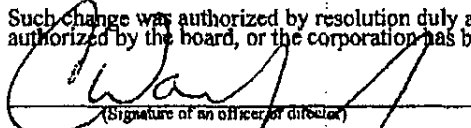
2924 Tangerine CT

(P.O. Box NOT acceptable)

Leesburg, FL 34748

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

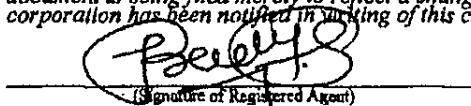
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Carroll M. Warfield, Director

(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)

05/05/2015
(Date)

If signing on behalf of an entity:

PRADIP PATEL
(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