



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Whispering Woods Center Condominium Association

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** N06000008639

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:

Jessuly Gonzalez

\_\_\_\_\_  
Name of Contact Person

JDV Property Management

\_\_\_\_\_  
Firm/Company

7401 Wiles Road

\_\_\_\_\_  
Address

Coral Springs FL 33067

\_\_\_\_\_  
City/State and Zip Code

jessuly@jdvpm.com

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

For further information concerning this matter, please call:

Jessuly Gonzalez

954

509-3825

\_\_\_\_\_  
Name of Contact Person

at (

\_\_\_\_\_) \_\_\_\_\_  
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: Whispering Woods Center Condominium Association  
2. The principal office address: 7401 Wiles Road Coral Springs, Florida 33067

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/15/2006 Document number: N06000008639

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)

Mirza Basulto & Robbins, LLP

14160 NW 77th Court, suite #22

Miami Lakes FI 33016

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

Law Offices of Celena R. Nash, P.A. c/o Celena Nash, Esq

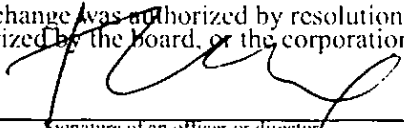
7401 Wiles Road, suite#138, Coral Springs, Florida 33067

P.O. Box NOT acceptable

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2018 NOV 27 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Freddy Boulton, 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

November 21st, 2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Celena Nash  
\_\_\_\_\_  
Typed or Printed Name

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