N06000008787

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	: #)
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(Docu	ument Number)	
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JAVISION OF TORI HANDE

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COVER LETTER

TO: Amendment Section Division of Corporations Murano Homeowners Association, Inc. Name of Corporation N06000008787 DOCUMENT NUMBER: 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: W. Scott Turnbull Name of Contact Person Crary Buchanan, P.A. Firm/Company 759 SW Federal Highway, Ste. 106 Address Stuart, FL 34994 City/State and Zip Code turnbull@crarybuchanan.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kali Hall Name of Contact Person

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

CR2E045 (03/12)

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: Murano Homeowners Association, Inc.	
2. The principal office address: 2475 SW Murano Place	
Palm City, FL 34990	
3. The mailing address (if different): FirstService Residential - 1930 Commerce Lane, Suite 1	
Jupiter, FL 33458	
4. Date of incorporation/qualification: 08/18/2006 Document number: N06000008787	
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)	
Dobbins, Karen	
c/o Crary Buchanan, P.A.	i.
c/o Crary Buchanan, P.A.	à 35
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Turnbull, W. Scott	27 T
c/o Crary Buchanan, P.A.	
P.O. Box NOT acceptable	
759 SW Federal Hwy, Ste. 106, Stuart, FL 34994	
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 efficer or director Signature of an efficer or director	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coniply with the provisions of all statutes relative to the proper and complete performance of my duties, and I ain 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.	
10-1-17 21./17	
Signature of Registered Agent	
If signing on behalf of an entity:	
W. Seet Turnsull 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

CR2E045 (03/12)