N06799

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Chipotalo Lipit Hono II)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER'

TO: Amendment Division of	Section Corporations			
SUBJECT: Honeywoods Homeowners' Association, Inc. Name of Corporation				
DOCUMENT NUN	1BER:	106799		
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:				
Charles F. Otto, Esq.				
Name of Contact Person				
Straley & Otto, P.A. Firm/Company				
	•			
2699 Stirling Road, Suite C-207				
Address				
Fort Lauderdale, Florida 33312				
City/State and Zip Code				
cfo@straleyottopa.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
C	Charles F. Otto	at (954) 962-7367		
Name	e of Contact Person	at (954) 962-7367 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 . ange is submitted for a corporation organized under the laws of the State of $_$ er to change its registered office or registered agent, or both, in the State of F	Florida
1. The name of	the corporation: Honeywoods Homeowners' Association,	Inc.
• -	office address: 1941 N.W. 150 Avenue Pines, Florida 33028	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 12/21/1984 Document number:	N06799
5. The name and Florida Depar	d street address of the current registered agent and registered office on file wi rtment of State: (If resigned, enter resigned)	th the
	Katzman Garfinkel, P.A.	_
	1501 N.W. 49th Street, Suite 202	
	Fort Lauderdale, Florida 33309	3 3
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off	5
	Straley & Otto, P.A.	
	2699 Stirling Road, Suite C-207	SIA
	P.O. Box NOT acceptable	300 m
	Fort Lauderdale, Florida 33312	_
The street addre as changed will	ess of its registered office and the street address of the business office of it be identical.	ts registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so
Signatur	Stephen Card, Pre	
I hereby accept I further agree t of my duties, an document is beil corporation has	t 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 cond I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the
	gnature of Registered Agent Date	
•		
If signing on be	chalf of an entity:	
	yped or Printed Name	

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