

NO7000000815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

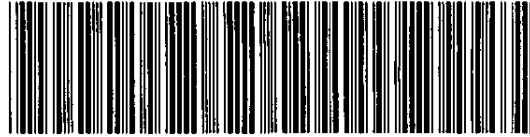
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 12 PM 2:46
FBI - MEMPHIS

JUN 23 2015
C McNAIR

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Margate, Florida 33063
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Attorneys at Law



Mary Ann Chandler, Esq.
MChandler@likeyourlawyer.com

June 9, 2015

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Tuscana Master Association, Inc.
Change of Registered Agent
File No: 09558-001**

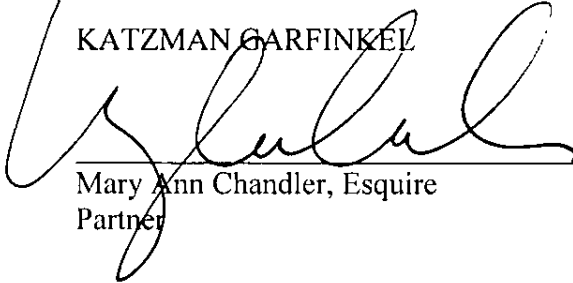
FILED
15 JUN 12 PM 2:46
TALLAHASSEE, FL

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL


Mary Ann Chandler, Esquire
Partner

MAC:kmc
Enclosures

**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: TUSCANA MASTER ASSOCIATION, INC.
2. The principal office address: 1395 Tuscana Lane, Davenport FL 33896
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/23/2007 Document number: N07000000815
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)

Garrett Kenny

1395 Tuscana Lane, Champions Gate, FL 33896

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

KATZMAN GARFINKEL


5297 WEST COPANS ROAD

P.O. Box NOT acceptable

MARGATE, FLORIDA 33063

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

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

6/8/15

Date

If signing on behalf of an entity:

LEIGH C. KATZMAN, ESQ.

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 (8/05)