ND7278

•
(Requestor's Name)
Copple Sachs Copple — 11780 US Highway One, Suite 105 Palm Beach Gardens FL 33408 —
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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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: The Palm Club West Village II Homeowners Association,
2. The principal office address: 4055 CLOSSIC Drive
West Palm Beach, FL 33401
3. The mailing address (if different): 11621 Kew Gardens, Suite 200
Palm Beach Gardens, FL 33410
4. Date of incorporation/qualification: 01 23 1985 Document number: NØ 7278
 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)
Copple Sachs Copple
LOI Heritage Drive, Suite 217
Jupiter, #1 33458
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Coppie Sachs coppie
11780 U.S. Highway one, Suite 105 P.O. Bux NOT acceptable
Palm Beach Gardens, Fl 33408
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 other ardifector Carol Simon 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 obsporation has been notified in writing of this change.
Signature of negistered agent Date
If signing on behalf of an entity: PLAN S. COOLE.
Typed or Hrinted 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