## N10000010619

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## **COVER LETTER**

TO; Amendment Section Division of Corporations

THE RANCHES AT COOPER CITY HOMEOWNERS' ASSOCIATION, INC

SUBJECT:

Name of Corporation

DOCUMENT NUMBER:

N10000010619

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:

David Klein

Name of Contact Person

Milberg Klein PL

Firm/Company

5550 Glades Road, Suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

David Klein

,561 ,24

Name of Contact Person

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	ne corporation: THE RANCHES AT COOPER CITY HOMEOWNERS' ASSOCIATION,	IN
2. The principal of	office address: 1145 Sawgrass Corporate Pkwy FL 33323	
3. The mailing ad	ldress (if different):	
4. Date of incorpo	oration/qualification: 1/12/10	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
	The Frydman Law Group, PPLC	
	100 S Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	Plantation, FL 33324  street address of the new registered agent (if changed) and /or registered office	:
_	Milberg Klein PL 프라이트 프로그램 프로그램 프로그램 프로그램 프로그램 프로그램 프로그램 프로그램	
-	5550 Glades Road, Suite 500	
_	P.O. Box NOT acceptable  Boca Raton, FL 33431	
The street address as changed will be	es of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signature	Stave Sellars Printed or typed name and title	
I hereby accept t I further agree to performance of n agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity.  The appointment as registered agent and agree to act in this capacity.  The comply with the provisions of all statutes relative to the proper and complete  The complete and I am familiar with and accept the obligation of my position as registered  The complete address, I are corporation has been notified in writing of this change.	
	-2-14	
_	ature of Registered Agent Date	
If signing on beh	·	
David Kleir	l Ded or Printed Name	

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