

N12000006603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

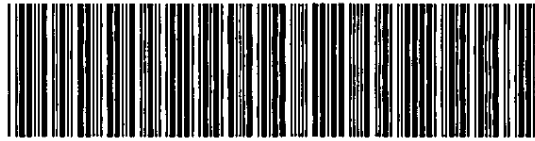
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Mary Ann Chandler, Esq.  
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October 27, 2015


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

**Re: Randal Park Residential Property Owners Association, Inc.  
Change of Registered Agent  
File No: 09596-001**

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

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: PANDAL PARK RESIDENTIAL PROPERTY OWNER'S ASSOCIATION, INC.  
2. The principal office address: 135 W. Central Blvd Suite 320 Orlando, FL 32801

3. The mailing address (if different): same

4. Date of incorporation/qualification: 07/05/2012 Document number: N12000006603

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)

GMS-CF, LLC 1

135 W. Central Blvd Suite 320

Orlando, FL 32801

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]  
Signature of an officer or director

Derek Lovett President  
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]  
Signature of Registered Agent

10/26/15  
Date

If signing on behalf of an entity:

ALAN GARFINKEL, 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)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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