N12000006816

(Re	equestor's Name)			
(Ac	dress)			
(Ac	dress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500279386335

11/30/15--01037--001 **35.00

15 NOV 30 PM 3: 49

DEC 2 2015 C LEWIS .5297 West Copans Road Margate, Florida 33063 T | 954.486.7774 F | 954.486.7782

Attorneys at Law



Mary Ann Chandler, Esq. MChandler@likeyourlawyer.com

November 20, 2015

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

The Reserve at Greenbriar Homeowners Association, Inc.

Change of Registered Agent

File No: 09694-001

Dear Sir / Madam:

Re:

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 6 ange is submitted for a corporation organized under the lan er to change its registered office or registered agent, or bot	ws of the State o	FLORIDA	<u>. </u>		
	the corporation: THE RESELVE AT GREENBY I office address: 920 THIRD STREET, SUITE B NE				<u> </u>	
3. The mailing	address (if different): Same					
4. Date of incorporation/qualification: 07/12/2012 Document number: N			N12000006	12000006816		
	nd street address of the current registered agent and registered artment of State: (If resigned, enter resigned)	ed office on file	with the			
	WALLACE, L DENISE					
	920 THIRD STREET, SUITE B					
	NEPTUNE BEACH, FL 32266		_ _	5	S. S	
6. The name an (if changed):	nd street address of the new registered agent (if changed) an	d /or registered	office	NOV 30	102 P. 10	
	KATZMAN GARFINKEL			PH		
5297 WEST COPANS ROAD			မှာ	हेर्नु ए कि र		
P.O. Box NOT acceptable			61			
	MARGATE, FLORIDA 33063					
The street addi	ress of its registered office and the street address of the bill be identical.	usiness office o	of its registered	agent,		
Such change wanthorized by	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	directors or by	an officer so			
		in the				
•	ture of the Officer or director Print	nted or typed name as				
I hereby accept I further agree of my duties, a document is be carporation ha	It the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to t ind I am familiar with and accept the obligation of my po ting filed merely to reflect a change in the registered offices as been notified in writing of this change.	n this capacity, he proper and d sition as regist ce address, I he	complete perfo ered agent. Or ereby confirm t	rmance · if this hat the	,	
	lale 11	1192	012			
	ignature of Registered Agent sehalf of an entity:	- Date				
	•					
	N 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)