## N12430

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Reques	tor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address	s)	
PICK-UP   WAIT   MAIL   (Business Entity Name) (Document Number)  Certified Copies Certificates of Status	(Address	s)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/Sta	ite/Zip/Phone #	)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 14, 2016

THE MOORS VILLAGE HOME MAINTENANCE ASSOCIATION, INC. C/O FIRSTSERVICE RESIDENTIAL (02) 2950 N 28TH TERR HOLLYWOOD, FL 33020

SUBJECT: THE MOORS VILLAGE HOMES MAINTENANCE ASSOCIATION,

INC.

Ref. Number: N12430

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please return your check with a note stating what the money is intended for.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 216A00014718



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.
The name of the corporation: THE MOORS VILLAGE HOMES MAINTENANCE ASSOCIATION, INC.     The principal office address: 17321 NW 66 CT MIAMI, FL 33015
2. The principal office address.
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/09/1985 Document number: N12430
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)
Brough, Chadrow & Levine, P.A.
1900 North Commerce Parkway
Weston, FL 33326
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed):  Brough, Chadrow & Levine, P.A.  2149 North Commerce Parkway
2149 North Commerce Parkway
P.O. Box NOT acceptable Weston, FL 33326
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 object or director  Signature of an object 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 Date
If signing on behalf of an entity:
Typed or Printed Name

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