

N12836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

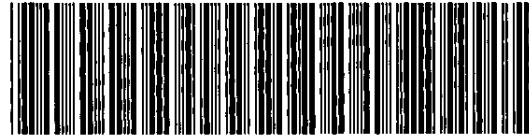
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alliance CAS

Name of Corporation

DOCUMENT NUMBER: N12836

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:

Courtney Walter

Name of Contact Person

Alliance CAS

Firm/Company

1000 E Hallandale Beach Blvd

Address

Hallandale Beach, FL 33009

City/State and Zip Code

courtney@alliancecas.com

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

For further information concerning this matter, please call:

Courtney Walter

Name of Contact Person

at (954) 981-1116

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

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: Arbor Glen Homeowners' Association, INC
2. The principal office address: C/O D&S Property Management
801 Holly Lane, Plantation, FL 33317
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/31/1985 Document number: N12836
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)

Gerstin, Joshua ESQ

40 S.E. 5th Street, Suite 610

Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alliance CAS, LLC

1000 E Hallandale Beach Blvd

P.O. Box NOT acceptable

Hallandale Beach, FL 33009

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.

Fred M. Schlesinger PRES.
Signature of an officer or director

FRED M. SCHLESINGER PRES.
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

8/15/12
Date

If signing on behalf of an entity:

Evan Phillips

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 (03/12)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 AUG 27 PM 2:42