

N14000010603

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

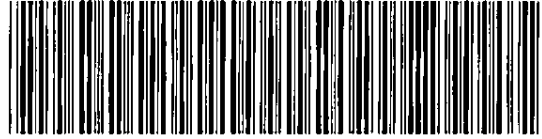
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♦ FLORIDA SUPREME COURT  
CERTIFIED MEDIATOR

♦ BOARD CERTIFIED SPECIALIST IN  
CONDOMINIUM AND PLANNED  
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« BOARD CERTIFIED SPECIALIST  
IN CONSTRUCTION LAW

February 21, 2024

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Jupiter-Palm Beach Motor Coach Resort Condominium Association, Inc.**

Dear Sir/Madam

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Jupiter-Palm Beach Motor Coach Resort Condominium Association, Inc. (Document No.: N14000010603). Also enclosed is a check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.

Allison L. Hertz, Esq.  
For the Firm

ALH/tr  
Enclosures

**BROWARD County:**  
1200 PARK CENTRAL BLVD, SOUTH  
POMPANO BEACH, FL 33064  
TEL: 954.928.0680 FAX 954.772.0319

**ORANGE County:**  
UNIVERSITY CORPORATE CENTER II  
11486 CORPORATE BLVD, SUITE 130  
ORLANDO, FL 32817  
TEL: 321.430.7565

**HILLSBOROUGH County:**  
1211 N. WESTSHORE BLVD, SUITE 409  
TAMPA, FL 33607  
TEL: 813.375.0781 FAX 813.252.3057

*(Additional Office in Miami-Dade County, by Appointment Only)*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JUPITER-PALM BEACH MOTOR COACH RESORT CONDOMINIUM ASSOCI/  
Name of Corporation

DOCUMENT NUMBER: N14000010603

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:

JIM PECK, LCAM

Name of Contact Person

CMC PROPERTY MANAGEMENT

Firm/Company

2950 JOG ROAD

Address

GREENACRES, FLORIDA 33467

City/State and Zip Code

jim@cmcmanagement.biz

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

For further information concerning this matter, please call:

JIM PECK

Name of Contact Person

at (561)

Area Code & Daytime Telephone Number

203-7849

~~641-1016~~

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: JUPITER-PALM BEACH MOTOR COACH RESORT CONDOMINIUM ASSOC  
2. The principal office address: 2950 JOG ROAD, GREENACRES, FL 33467

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/17/2014 Document number: N14000010603

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)

CMC MANAGEMENT CONSULTANTS, INC

2950 JOG RD

GREENACRES, FL 33467

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

KAYE BENDER REMBAUM, P.L.

1200 PARK CENTRAL BLVD., SOUTH

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

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

STEVE COHEN, 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

2-21-24

Date

If signing on behalf of an entity:

ALLISON L. HERTZ

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  
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