N160000 12196

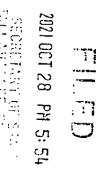
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	·
	J. HORNE	
	NOV 1 0 2021	

Office Use Only



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10/28/21--01012--008 **35.00



Division of Corporations		
SUBJECT: Community Association Network, Inc.		
Name of Corporation		
DOCUMENT NUMBER: N16000012196	· · · · · · · · · · · · · · · · · · ·	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Alan Garfinkel		
Name of Contact Person		
Garfinkel Law, P.A.		
Firm/Company		
300 N. Maitland Ave		
Address	·····	
Maitland, FL 32751		
City/State and Zip Code		
OS@GARFINKEL.LAW		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	please call:	
Ashley Bickford	at (407) 610-2038	
Name of Contact Person	at (407) 610-2038 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	·	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: COMMUNITY ASSOCIATION NETWORK, INC.
	office address: 300 N. MAITLAND AVENUE MAITLAND, FL 32751
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: 12/27/2016 Document number: N16000012196
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	DARA LAHAV
	300 N. MAITLAND AVENUE MAITLAND, FL 32751
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Karen Marcell MAZ & B
	300 N. MAITLAND AVENUE MAITLAND, FL 32751
	P.O. Box NOT acceptable
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Stanton	Alan Garfinkel, Esq./Founding Partner of an oblicer or director Printed or typed name and title
Lhereby accept.	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of a laministic with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Garl 18	Lature of Registrated Agent 10 - 26 - 2-1 Date
If signing on bel	nalf of an entity:
Ту	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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