

N18 000001368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

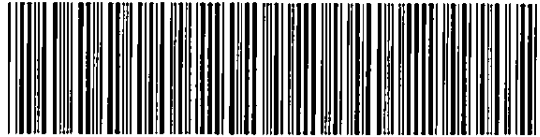
(Business Entity Name)

(Document Number)

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R. HUNT  
4/29/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/29/2024

Acc#I20160000072

*W: C D W*

Name:	CENTRAL PARK COMMERCE CENTER MASTER ASSOCIATION, INC.
Document #:	
Order #:	15517751

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
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Ref# _____

Amount: \$ 43.75

STATE OF FLORIDA  
TALLAHASSEE, FL  
APR 29 AM 9:42  
C.D.

Thank you!

**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: CENTRAL PARK COMMERCE CENTER MASTER ASSOCIATION, INC.
2. The principal office address: 20125 STATE ROAD 80  
LOXAHATCHEE, FL 33470
3. The mailing address (if different): 1776 PEACHTREE STREET NW, SUITE 100, ATLANTA, GA 30309
4. Date of incorporation/qualification: 02/02/2018 Document number: N18000001368
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)

CLIFFORD HERTZ, ESQ.

360 S. ROSEMARY AVENUE, SUITE 1410

WEST PALM BEACH, FL 33401

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

2024. 02.29 AM 9:42  
DIV OF STATE  
TALLAHASSEE, FL  
60

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.

DocuSigned by:

Matthew Prince

03AF18D175BF492..

Officer or director

Matthew Prince, 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.*

C T Corporation System, Theresa Buck, Assistant Secretary

Theresa Buck

Signature of Registered Agent

04/25/2024

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)