## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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Email Address:

## REGISTERED AGENT CHANGE ZARABROOKE HOMEOWNERS ASSOCIATION, INC.

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Corporate Filing Menu

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C. GOLDEN

1/1

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

	provisions of sections 607.050. inge is submitted for a corpora					
	r to change its registered office					
	the corporation: ZARABROOK				_,,	
2. The principal	office address: 30601 Agoura R	load, Suite 200	Agoura Hills, CA	91301	- <del></del>	
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 04/27/20	018	Document nur	nber: N18000004747		
	I street address of the current returnent of State: (If resigned, en		and registered o	ffice on file with the	22	
	KALMANSON, BARRY				1916	
500 N. MAITLAND AVE. STE. 305 MAITLAND, FL 32751					7019 Kuv - t	
						. •
6. The name and street address of the new registered agent (if changed) and /or regis (if changed):			or registered office	AM 9: 0	: 5 :	
	C T Corporation System				8	
	c/o C T Corporation System, 12	00 South Pine I	sland Road			
		O. Box NOT accep	table	······································		
	Plantation, Florida 33324			<del></del> -		
The street address changed will	ess of its registered office and be identical.	the sireet addr	ess of the busine	ess office of its regist	tered agent	•
Such change was authorized by th	is authorized by resolution duli be board, or the corporation ha	y adopted by i s been notified	ts board of direct i in writing of th	ctors or by an officer he change.	so	
				Kushner.	Secret	413
I here's accept I further agree t performance of agent. Or, if the hereby confirm	te of an officer or showlor  the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mere that the corporation has been	of all statutes i vith and accep cly to reflect a	ree to act in this relative to the pi t the obligation chance in the r	roper and complete of my position as rey evistered office addr	gistered ess, I	
By: 🖼 a a n	poration System	101	28/2019			
Q 4518	native of Registered Agent			Date	<del></del>	
If signing on be	half of an entity:					
	i, Assistant Secretary					
T	rped 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)