

N18000 006 130

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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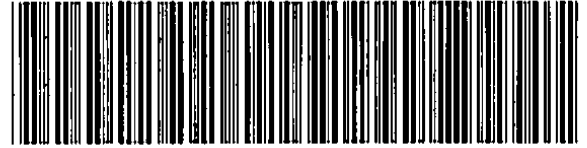
(Business Entity Name)

(Document Number)

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FALL ARK. SEC. FLORIDA

SEP 20 2019

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Magnolia Trails Community Association Inc.  
Name of Corporation

DOCUMENT NUMBER: N18000006138

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:

Ulee Major LCAM

Name of Contact Person

Miami Management Inc.

Firm/Company

1145 Sawgrass Corporate Parkway

Address

Sunrise, FL 33323

City/State and Zip Code

umajor@miamimanagement.com

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

For further information concerning this matter, please call:

Ulee Major

Name of Contact Person

at ( 954 ) 205-8868  
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: Magnolia Trails Community Association Inc.
2. The principal office address: 1145 Sawgrass Corporate Parkway  
Sunrise, Florida 33351
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N18000006138
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)

Association Law Group P.L.

1200 Brickell Avenue, PH 2000

Miami, Florida 33131

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

Ronnie Bronstein, Esq.

500 East Broward Boulevard, Suite 1450

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33394

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.

Donna Dileo  
Signature of an officer or director

Donna Dileo-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

8/13/19  
Date

If signing on behalf of an entity:

Ronnie Bronstein  
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)

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA