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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI Name	ECT: Fountains South Atrium Homes Association	n. Inc.				
DOCU	MENT NUMBER: N18187					
The en	closed Statement of Change of Registered O	ffice/Agent and fee are s	ubmitted for file	ing.		
Please	return all correspondence concerning this ma	itter to the following:				
Larry (Corman, Esq. c/o Greenspoon Marder LLP					
Name	of Contact Person					
Greens	poon Marder LLP					
Firm/C	Company					
One Be	oca Place, 2255 Glades Rd., Suite 400-E					
Addres	55					
Boca F	laton, FL 33431					
City/S	tate and Zip Code					
	larry.corman@gmlaw.com					
E-mai	l address: (to be used for future annual re	port notification)				
				40.	~	
For fu	ther information concerning this matter, plea			TALL	2022 NOV	and card
Marla	Mayster, Paralegal	at (561)9 Area Code & 3	94-2212 x1743		1	- 1
	Name of Contact Person	Area Code &	Daytime Teleph	one-Nur	nber	j=
Enclos	ed is a \$35.00 check made payable to the De				41:1 Hd	in the second
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section Division of Corpor				
	Division of Corporations P.O. Box 6327	The Centre of Tall				
	1.0.1000 0047	The Centre of Tall				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT O.R BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age 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.				
	he corporation: Fountains South Atrium Homes Association, Inc.				
2. The principal	office address: 4615 Fountains Dr., Ste. B, Lake Worth, FL 33467				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 12/10/1986 Document number: N18187				
5. The name and	street address of the current registered agent and registered office on file with the treet treet of State: (If resigned, enter resigned)				
	Vito Senese				
	4615 Fountains Dr., Ste. B, Lake Worth, FL 33467				
	Lake Worth, FL 33467				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				
	Larry Corman, Esq. c/o Greenspoon Marder LLP				
	One Boca Place, 2255 Glades Rd., Suite 400-E				
	Boca Raton, FL 33431				
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.				
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.				
Signatu	re of an officer of director Printed or typed name and title				
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.				
Par	Con 11/4/22				
Sig	mature of Registered Agent Date				
If signing on be	chalf of an entity:				
т	yped or Printed Name				
•	/ F				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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