

(Re	questor's Name)	
(Add	dress)	
	dress)	
(^u	aress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
,		,
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Consist Instructions to	Cities Officer	
Special Instructions to	Filing Officer:	
•		
:		

Office Use Only



000316625390

88/17/18--01005--015 **35.00

Macha

R. WHITE AUG 2 0 2018 ZOUR AUG 17 AM 10: 2:
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cambridge at Aberdeen Homeowners Association, Inc.
DOCUMENT NUMBER: N/865/
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:
Kristine Elliott Name of Contact Person
Campbell Property Management
3918 Via Poinciana Dr. Suite 9 Address
City/State and Zip Code
Kris a Campbell property. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristine Elliott at (56) 432-2703 Name of Contact Person 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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: Cambridge of Abudeen Homeowner Association, In
2. The principal office address: Clo Campbell Property Management 3918 Via Poinciana Dr. # 9 Lake Worth, FL 33467
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/8/1987 Document number: N/865/
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)
Hartley + Morton, Attorneys at Law
Palm Bench Gardons, FL 33410 FF &
Palm Bench Gardons, FL 33410 FF & T
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Brough Chadrow & Levine, P. H
Brough Chadrow & Levine, P. H. 2 2149 North Commerce Parkway P.O. Box NOT acceptable Weston, FL 33326
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.
Jue Sullivan, Printed or typed name and title
Thereby 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 of Registered Agent Date
If signing on behalf of an entity:
Scott J. Levine, Esq. for Brough, Chardron & Levine, P.A. Typed or Printed Name

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