N18748

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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		1/05

Office Use Only



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Ra Change

COVER LETTER

Amendment Section Division of Corporations TO!

SUBJECT: Sheffield K Condominium Association, Inc.	
Name of Corporation	
DOCUMENT NUMBER: N18748	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the following:	
Scott J. Lee, Esq.	
Name of Contact Person	
SIW Law Group, PLLC	
Firm/Company	
12300 South Shore Boulevard, Suite 202	
Address	
Wellington, Florida 33414	
City/State and Zip Code	
Scott@sjwlawgroup.com	
E-mail address: (to be used for future annual report notification)	2022 JUIL
For further information concerning this matter, please call:	J. J.
Scott J. Lee, Esq. at (561)340-4555 Name of Contact Person at (561)Area Code & Daytime Telep	; 😑 🖸
Name of Contact Person Area Code & Daytime Telep	bone Number 🕟 🚆
Enclosed is a \$35.00 check made payable to the Department of State.	· 0 1
State of the Control	
Mailing Address: Amendment Section Street Address: Amendment Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2B045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: Sheffield K Condominium Association, Inc.	
2. The principal office address: 2950 Jog Road, Greenacres, Florida 33467	
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 01/14/1987 Document number: N18748	
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)	
Konyk & Lemme	
140 Intracoastal Pointe Drive, Suite 310	
Jupiter, Florida 33477	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Scott J. Lee, Esq. or SJW Law Group, PLLC	2022 J
12300 South Shore Boulevard, Suite 202	က် : <u>*</u>
P.O. Box NOT acceptable Wellington, Florida 33414	P
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	∵ " PH I2: 04
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.	
nie L. Merrioleano, Pres Davie L. MARZIGIANO, Po	es
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 is the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Rogistered Agent Date One One One One One One One O	
If signing on behalf of an entity:	

* * * 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)