N23486

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

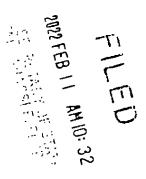
Office Use Only



200381273772

RO change

02/11/22--01015--022 **35.00



A. RAMSEY FEB 22222

COVER LETTER

•

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Briarwood at Indian Spring Association	n, Inc.
Name	of Corporation	
DOC	UMENT NUMBER: N23486	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Joshua	a D. Krut, Esq.	
Name	of Contact Person	
Kopele	owitz Ostrow, P.A.	
Firm/0	Company	
1 Wes	t Las Olas Blvd., Suite 500	
Addre	ess	
Fort L	auderdale, FL 33301	
City/S	State and Zip Code	
	krut@kolawyers.com	
E-ma	il address: (to be used for future annua	ll report notification)
For fu	urther information concerning this matter.	please call:
Joshua	a D. Krut	at (954) 525-4100 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 cheek made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	. allanangee, i is obs i i	Tallahassee, FL 32303

CR2E045 (04/13)

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

. . . •

statement of ch	iange is submitted for a corporate	or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: Briarwood at In	ndian Spring Association, Inc.		
2. The principa	al office address: c/o RealManage d., Suite 480, Pembroke, FL 33024	/ ASG		
	c/o RealMa	anage / ASG, P.O. Box 803555, Dallas, TX		
3. The mailing	address (if different):	Document number; N23486	_	
			_	
	nd street address of the current reartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)		
	Joshua Krut, c/o K.O. Lawyers			
200 East Palmetto Park Road, Suite 103				
	Boca Raton, FL 33432			
6. The name ar (if changed)		tered agent (if changed) and /or registered office PO Box NOT acceptable	F	
	Joshua D. Krut, Esq.			
1 West Las Olas Blvd., Suite 500				
	Fort Lauderdale, FL 33301	P O Box NOT acceptable) ပ	
The street add as changed wi	ress of its registered office and t Il be identical.	the street address of the business office of its registered agent.		
Such change wauthorized by	vas authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.		
	en Vieschawer	Steven Nieschawer, President Briarwood at Indian Spa	ring Associatio	
I further agree of my duties, a document is be	e to comply with the provisions of md I am familiar with and acces	agent and agree to act in this capacity. of all statutes relative to the proper and complete performanc of the obligation of my position as registered agent. Or, if this inge in the registered office address, I hereby confirm that the s change.	S	
/s/ J	Joshua Krut	January 6, 2022		
S	ignature of Registered Agent	Date		
If signing on b	ochalf of an entity:			
Joshua Krut				
	Typed or Printed Name			
	* * * F1	LING 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)