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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Parkview Place Homeowners Association to Name of Corporation
DOCUMENT NUMBER: NA 6667
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:
Joshua Krut, Esq.
Name of Contact Person
Kopelowitz Ostrow
Firm/Company
1 West Las Olas Blvd., Ste. 500
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
krut@kolawyers.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Krut at (561 )998-2006
Name of Contact Person at (561 )998-2006  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 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 <u>F/0/10</u> 00
in order to change its registered office or registered agent, or both, in the State of Florida
Parkview Place Homeowners Association Inc
1. The name of the corporation:
1. The name of the corporation:  2. The principal office address: C10 Davenport Property Mgint,  (620 Lake Worth Rd, Svite F, Lake Worth, FL 3346)
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/31/1988 Document number: Nacolo 7
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)
Kopelowitz Ostrow Ferguson
Kopelowitz Ostrow Ferguson 200 E. Palmetto Park Rd. Suite 103
Bora Raton, FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kopelowiz Ostrow/Attn: Joshua Krut, Esq.  1 W. Las Olas Blvd., Ste. 500
I W. Las Olas Blvd., Stc. 500
P.O. Box NOT acceptable  Fort Lauderdale, FL 33301
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.
Signature of an officer or director
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 of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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