

N27687



1928 Lake Worth Road, Lake Worth, FL 33461

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

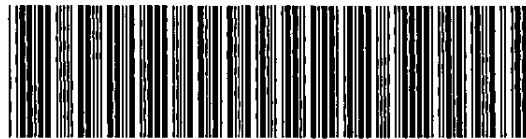
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL -9 PM 1:07
TALLAHASSEE, FLORIDA

JUL 10 2012

C. MUSTAIN

EPON



FLORIDA DEPARTMENT OF STATE.
Division of Corporations

June 25, 2012

APM
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

SUBJECT: MUIRHEAD ESTATES AT ABERDEEN HOMEOWNERS
ASSOCIATION, INC.
Ref. Number: N27687

We have received your document for MUIRHEAD ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 012A00017381

**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: MUIRHEAD ESTATES AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1928 Lake Worth Road
Lake Worth, FLA 33461
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: _____ Document number: 1427687

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)

Dickel, Kevin E Stolorz P.A.
1818 Australian Ave So. #400
West Palm Beach, FLA 33409

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Victoria Morton
800 Village Square Crossing Suite 222
P.O. Box NOT acceptable
Palm Beach Gardens, FLA 33410

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.

P Howard Phillips
Signature of an officer or director

Howard Phillips
Printed or typed name and title
Howard Phillips

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]
Signature of Registered Agent

6/18/12
Date

If signing on behalf of an entity:

Victoria Morton
Typed or Printed Name

*** 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 (03/12)