N29061

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT		MAIL
(Business Entity Name)		<u> </u>
(Document Number)	į	
Certified Copies Certificates of \$	Statu	s
Special Instructions to Filing Officer:		
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Office Use Only



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17 SEP -5 FN 4: 13
SECRETARY OF STATE:
TALLAHASSEE, FLORIDA

SEP 13 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations		
STAMFORD AT THE VILLAGE SUBJECT:	 GES OF PALM BEACH LAKES HOME 	EOWNERS ASSOCIATION, INC.
	Name of Corporatio	on "
DOCUMENT NUMBER: N2	9061	
The enclosed Statement of Change	 of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence co		
Earl Olit	11 =	
	Name of Contact Pers	son
C.A.M.S	<u> </u>	
	Firm/Company	
1037 S	ate Rd 7, Ste	302
	Address	
Welling	ton, FL 33414	
	City/State and Zip Co	ode
	amsmanagem	
E-mail addres	s: (to be used for future an	nual report notification)
For further information concerning	this matter, please call:	
Earl Olitzky	at (5	61 ,738-0061
Name of Contact P	erson Ar	rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made p	ayable to the Department of	State.
Mailing A Amendm	ddress: ent Section	Street Address: Amendment Section
Division	of Corporations	Division of Corporations
P.O. Box	- Ci	Clifton Building
Tallahass	e e l, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

		5 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
		a corporation organized under the laws of the State of Florida ered office or registered agent, or both, in the State of Florida.
	· "	FORD AT THE VILLAGES OF PALM BEACH LAKES HOMEOWNERS ASSOCIATION, INC.
1. The name of t	the corporation:	CAMS 1037 S STATE ROAD 7 #302 WELLINGTON, FL 33414
2. The principal	office address:	
3. The mailing a	iddress (if different):	
4. Date of incorp	poration/qualification	: 11/01/1988 Document number: N29061
5. The name and	i street address of the	current registered agent and registered office on file with the signed, enter resigned)
	ROSENBAUM	MOLLENGARDEN ES
	250 Australian	Avenue South State
	Lake Worth, Fi	L 33401
6. The name and (if changed):	d street address of the	new registered agent (if changed) and /or registered office
	Rosenbaum P	LLC English
	250 N Australi	an Ave # 500
		P.O. Box NOT acceptable
	West Palm Be	ach, FL 33401
The street address changed will	ess of its registered of be identical.	ffice and the street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resone board, or the corp	lution duly adopted by its board of directors or by an officer so bration has been notified in writing of the change.
Jan H		idet James Thielemran
,	the appointment as it the appointment as it to comply with the primy duties, and I am is document is being that the corporation	registered agent and agree to act in this capacity. registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
1		8-22-17
y uz	pature of Registered-Agen	Date
If signing on be	half of an entity:	
Sleven	yped or Printed Name	
.	Speed of a fillined frame	* * * 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)