N32637

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	7	Aler

Office Use Only



500279316535

500279316535 11/24/15-01010--024 **35.00

15 DEC 21 PH 3: 43

Ra chang

DEC 22 2015

D CUSHING



DEC 0.7 2015

December 1, 2015

BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

SUBJECT: BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N32637

We have received your document for BANYAN ESTATES 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):

Th new agent must sign the acceptance statement at the bottom of the page.

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.

Diane Cushing Senior Section Administrator

Letter Number: 015A00025078



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: Banyan Estates Homeowners' Association, Inc.
The principal office address: c/o Miami Management, Inc. 1145 Sawgrass Corporate Parkway, Sunrise, FL 33323
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/01/1989 Document number: N32637
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)
Bakalar & Associates, P.A.
Corporate Center
150 South Pine Island Road, Suite 540, Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Arthur E. Lewis, Esq.
Moskowitz, Mandell, Salim & Simowitz, P.A.
P.O. Box NOT acceptable
500 Compositio Dirro, Califo Goot 1 of Caudo Galley 1 2 Cooct
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.
Dale Feisthammel, President Printed or typed name and title
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.
Signifure of Registered Agent December 11, 2015
If signing on behalf of an entity:
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)