N 35614

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TALL ATTASSEC, FLORIDA

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LALBRITTON

COVER LETTER

	endment Section ision of Corporations	
SUBJECT:	PLATINA COMMUNITY MASTER ASS	SOCIATION, INC.
SUBJECT	Name of Corpo	oration
DOCÚME:	NT NUMBER: N35614	
	d Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please retur	n all correspondence concerning this matter to	the following:
	Ryan D. Poliakoff, E	sq.
	Name of Contac	
	Backer Aboud Poliakoff & F	
	Firm/Comp	any
	400 S. Dixie Highwa	-
	Address	
Boca Raton, FL 33432		
City/State and Zip Code		
	RPoliakoff@BAPFla	w.com
	E-mail address: (to be used for future	e annual report notification)
For further i	information concerning this matter, please call	
Ryan	D. Poliakoff, Esq.	Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: PLATINA COMMUNITY MASTER ASSOCIATION, INC.
	office address: 9640 Platina Avenue, Boynton Beach, FL 33437
	
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 12/12/1989 Document number: N35614
5. The name and Florida Depa	d street address of the current registered agent and registered office on file with the rtment of State; (If resigned, enter resigned)
	Elan Vaknine
\	9640 Platina Avenue
	Boynton Beach, FL 33437
6. The name and (if changed):	Ryan D. Poliakoff, Esq.
	Ryan D. Poliakoff, Esq.
	Backer Aboud Poliakoff & Foelster
	400 South Dixie Highway, Suite 420, Boca Raton, FL 33432
The street addre	ss of its registered office and the street address of the business office of its registered count
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so chourd, or the corporation has been notified in writing of the change.
	STUARET PERLACK PURSUPANT
l hereby accept i I further agree to performance of i agent. Or if thi	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s'document is tring file margo to reflect a change in the registered office address. I that the conforming has been notified in writing of this change.
Sien	ature of Registered Agent Date
	nalf of an entity:
fyj	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 [03/12]

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