

N 36135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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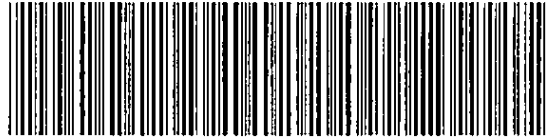
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMAGES AT PEMBROKE POINTE HOMEOWNERS ASSOC. INC.
Name of Corporation

DOCUMENT NUMBER: N36135

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:

JAMES J POPADAK LAM
Name of Contact Person

T&G MANAGEMENT SERVICES INC.
Firm/Company

18001 OLD CUTLER RD. # 476
Address

PALMETTO BAY FL 33157
City/State and Zip Code

JAMES@TGMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES J POPADAK at (305) 726-9643
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

SECRETARY OF
TALLAHASSEE

2023 JUL -6 PM 3:00

FILED

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: IMAGES AT PEMBROKE PINES HOA ASSOC. INC.
2. The principal office address: T&G MANAGEMENT SERVICES, INC.
18001 OLD CUTLER ROAD, #476, PALMETTO BAY, FL 33157
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/17/1990 Document number: N36135

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.
12472 N. ATLANTIC BLVD.
CORAL SPRINGS, FLA 33071

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

BROUGH, CHADROW & LEVINE, P.A.
2149 N. COMMERCE PARKWAY
P.O. Box NOT acceptable
WESTON, FL 33326

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]
Signature of an officer or director

Russ Nether 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.

[Signature]
Signature of Registered Agent

06/30/2023
Date

If signing on behalf of an entity:

DAVID L BROUGH
Typed or Printed Name

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

2023 JUL -6 PM 3:00
FILED
SECRETARY OF STATE
TALLAHASSEE