N370	73			
(Requestor's Name) (Address) (Address)	900394009669			
(City/State/Zip/Phone #)	09/22/2201014019 <b>**</b> 290.00			
(Business Entity Name)	2022 SEE			
(Document Number) Certified Copies Certificates of Status	22 <b>M</b> 7:50			
Special Instructions to Filing Officer:				
Office Use Only				

DEC 1 & 70?



TO: Amendment Section Division of Corporations

SUBJECT: STONEGATE HOA, INC. Name of Corporation

## DOCUMENT NUMBER: N37073

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:

Arthur E. Lewis, Esq. Name of Contact Person Backer, Aboud, Poliakoff & Foelster Firm/Company 400 S. Dixie Highway, Suite 420 Address Boca Raton, FL 33432 City/State and Zip Code alewis@bapflaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur E. Lewis, Esq. at (561) 361-8535 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEME T 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.

		~ <b>f</b> + <b>b</b> -	~~**	nomion:	STONEGATE	HOA,	INC.
1.	i ne name	or me	COA	ponauou.			

2. The principal office address: 2493 Stonegate Drive

WELLINGTON, FL 33414

3. The mailing address (if different): 13860 Wellington Trace Suite 38, PMB 250 WELLINGTON, FL 33414

N37073 4. Date of incorporation/qualification: 03/14/1990 Document number:

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)

	Arthur E. Lewis, Esq.		
	800 CORPORATE DRIVE SUITE 500		2025
	FORT LAUDERDALE, FL 33334		ジャプ
6. The name a (if changed)	d street address of the new registered agent (if changed) and /or registered office	1 FLG.	22 NI T:
	Arthur E. Lewis, Esq.	J	19
	Backer, Aboud, Poliakoff & Foelster	ŗ	

P.O. Box NOT acceptable

400 S. Dixie Highway, Suite 420, Boca Raton, FL 33432

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 of an other or director

KRISHNA SIRINATHSINGH, TREASURER 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 of Registered Agent

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