N 38370

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ta 10/24/20

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Whispering Sound Owners' Association, Inc. Name of Corporation
DOCUMENT NUMBER: N38370
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:
Paula S. Marra, Esq.
Name of Contact Person
Rosenbaum PLLC
Firm/Company
250 South Australian Avenue, 5th Floor
Address
West Palm Beach, FL 33401
City/State and Zip Code
pmarra@rosenbaumpllc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paula S. Marra at (561 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person at (561)653-2900 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)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of	the corporation: Whispering Sound Owners' Association, Inc.	
	office address: 1111 SE Federal Hwy., #100, Stuart, FL 34994	_
3. The mailing a	address (if different):	_
4. Date of incorp	poration/qualification: 05/25/1990 Document number: N38370	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Becker & Poliakoff	
	759 SW Federal Highway, Suite 213 Stuart, FL 34994 AHA AHA STORIE IAR	e: c
	Stuart, FL 34994	15.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	الما ومنا وسا
	$ \omega$	_
	250 South Australian Avenue, 5th Floor	
	P.O. Box NOT acceptable	
	West Palm Beach, FL 33401	
_	ess of its registered office and the street address of the business office of its registered ager be identical.	it.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Tulle	me of an officer or director Daniel T	
of my duties, and document is bei	the appointment astregistered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performant of I am familiar with and accept the obligation of my position as registered agent. Or, if the first ing filed merely to reflect a change in the registered office address. Thereby confirm that the specific of the change in the registered of the change in the registered of the change.	ce us ve
	enature of Registered Agent Date	_
If signing on be	chalf of an entity:	
Paula	S. Marra	
	yped or Printed Name	

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