

# N38607



6111 Broken Sound Parkway NW  
Suite 200  
Boca Raton, FL 33487

☐ PICK-UP ☐ WAIT ☐ MAIL

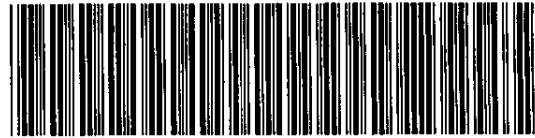
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APPROVED  
AND  
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14 FEB 18 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 18 2014  
EXAMINER

**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: Deering Bay Master Property Owners Association, Inc.
2. The principal office address: 13610 Deering Bay Drive, Coral Gables, FL 33158
3. The mailing address (if different): c/o CSI Management Services, Deering Bay Master Property Owners Association, Inc., 13610 Deering Bay Drive, Coral Gables, FL 33158
4. Date of incorporation/qualification: 06/14/1990 Document number: 650412799 - 138607
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)

Siegried, Lerner, De La Torre and Sobel

201 Alhambra Circle, Suite 1102

Coral Gables, FL 33134

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

Associated Corporate Services, LLC

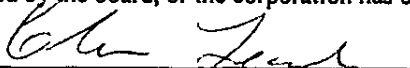
6111 Broken Sound Parkway NW, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33487


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 officer or director

Glorian Leach, MPOA 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 of Registered Agent

January 23, 2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Louis Caplan, Esquire

\_\_\_\_\_  
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)

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TALLAHASSEE, FLORIDA

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