## N42225

	(Requestor's Name)	,
(	(Address)	
	(Address)	
	(City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	(Business Entity Name	a)
	(Document Number)	
Certified Copies	Certificates of	of Status
Special Instructions	to Filing Officer:	
:		

Office Use Only



800255150758

01/02/14--01017--012 \*\*35.00

TILED

14 JM -2 PM 2 H

16 JM -2 PM 2 H

er er

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Palm Lake Gardens Owners' Association, Inc. DOCUMENT NUMBER: N42225 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: Lance D. Clouse, Esq. Name of Contact Person Becker & Poliakoff, P.A. Firm/Company 401 SE Osceola Street, First Floor Stuart, FL 34994 City/State and Zip Code Iclouse@bplegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lance D. Clouse, Esq. Name of Contact Person 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

## 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 rockange its registered office or registered agent, or both, in the State of Florida.
	the corporation: Palm Lake Gardens Owners' Association, Inc.
2. The principal	
3. The mailing a	ddress (if different): P.O. Box 13660 The Pierce, F134979
4. Date of incorp	poration/qualification: 02/25/1991 Document number: N42225
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Kevin M. Barry
	2101 INDIAN RIVER DRIVE, STE 200, VERO BEACH, FL 32960
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	401 SE Osceola Street, First Floor
	P.O. Box NOT acceptable  Stuart, FL 34994
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Jay	Stewart Jay Stewart, President  e of an officer or director Printed or typed name and title
I jurther agree t performance of a gent. 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 being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on bel	nalf of an entity:
	oliakoff, P.A.
1 y	ped or Printed Name

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