DOCUMENT # N43594

PARKWOOD VI ASSOCIATION INC.

1. Entity Name

Principal Place	e of Business	•	Mailing Address							
4140 NORTH WEST 66TH COCONUT CREEK FL 33073 US			PO BOX 970344 COCONUT CREEK FL 33097 US							
2. Principal Pl	lace of Busin	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number 65-0277623 Applied For Not Applicable			
Zip Country			Zip Countr			5 Certificate of Status Desired \$8.7			\$8.75 Add Fee Require	ditional
	6. Name	and Address of Current R	egistered Agent			<u></u>	7. Name and Address of New Registered Agent			
					Name					
PORCH, JO-ANN 4140 NW 66TH PLACE COCONUT CREEK FL 33073						Address (P.	DAME O. Box Numbe	r is Not Acceptable)		
				City			FL	Zip Coo	de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE ABOVE Description of the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE ABOVE Description of the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE ABOVE DESCRIPTION OF THE PROPERTY OF										
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5. Trust Fund Contribution. Adde			\$5.00 Added to	5.00 May Be ded to Fees Make Check Payable to Department of State			
10.		OFFICERS AND DIRE		11,			DDITIONS/CHA	NGES TO OFFICERS AND DI	RECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IUDITH 66 PLACE F CREEK FL 33073	⊠ Delete			Philip	White VWG6 F	Place ek,fl 33073	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISECCO, 6632 NW		⊠ .Delete			76 ttu	ey Ryan		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHERLY, SCHIESSMAN 6624 NORTH WEST 42ND TERRACE					DS Jenni 4180	ter Sab		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POPEJOY 6615 NOF		™ Delete			0 Rober 664	+ Colve > NW 4.	11 2nd avenue lek, FL3307	□ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		O-ANN 66TH PLACE T CREEK FL 33073	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied with the	☐ Delete	CITY-	ET ADDRESS ST-ZIP	ated in Sect	ion 119 07/3Vi), Florida Statutes. I further cer	Change	Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: