N9300000510

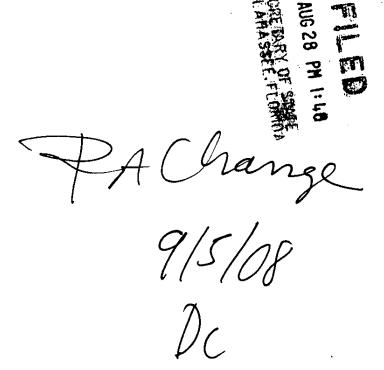
(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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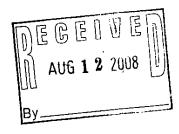


COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tiffany Cove Recreation Association, Inc (Name of Corporation)
DOCUMENT NUMBER: N 93 000000 510
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:
Name of Contact Person) Stevens + Goldmin, P.A. (Firm/Company)
2 South University Drive #210 (Address)
Plantation, FL 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (974) 458-9393 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Tiffany Cove Recreation Association, In
2. The principal office address: 19620 Pines Blvd. Suite 205
Pembroke Pines FL 33029
3. The mailing address (if different): Yo Pines Property Management
P.O. Box 820100 Pembroke lines, F1 33082
4. Date of incorporation/qualification: 2/5/93 Document number: N 93 00000 5/0
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Kaye ; Associates
6261 NW 6th Way, Suite 103
Ft. Landerdale, FL 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5 tevens + 60 lduyn P.A.
2 South University Prive#210
Plantation FL 33324
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.
Ailyn de Tesus-President (Spinature of an officery) Ailyn de Tesus-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 dujes, 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.
(Sighadure of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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