

# N930000000000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

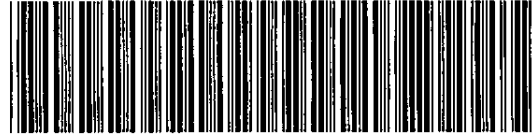
(Business Entity Name)

(Document Number)

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FALLA SSEE, FLORIDA

*R.A. Cng*

AUG 25 2015

R. WHITE

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Estates of Stirling Lake Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N93000002203

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:

Guy M. Shir, Esq.  
Name of Contact Person

Shir Law Group, P.A.  
Firm/Company

1800 NW Corporate Blvd. #200  
Address

Boca Raton, FL 33431  
City/State and Zip Code

gshir@shirlawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Jordahl at 561 999-5999  
Name of Contact Person 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

DATE REC'D	_____
CR2E045 (03/12)	JUL 29 2015
APPROVED BY	_____
G/L CODE	<u>5041</u> AMOUNT _____
CK#	<u>487</u>
CK DATE	<u>8/11</u>
MAILED	<u>8/18/15</u>

**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: Estates of Stirling Lake Homeowners Association, Inc.
2. The principal office address: 1145 Sawgrass Corp. Pkwy, Sunrise, FL 33323
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/31/98 Document number: N93000002203

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)

Bakalar & Associates, P.A.  
150 South Pine Island Road, Suite 540  
Plantation, FL 33324

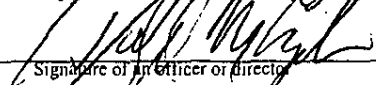
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shir Law Group, P.A.  
1800 NW Corporate Boulevard, Suite 200  
P.O. Box NOT acceptable  
Boca Raton, FL 33431

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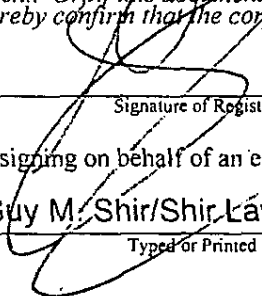
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Ralph Engeler, 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

8/18/15  
Date

If signing on behalf of an entity:  
Guy M. Shir/Shir Law Group PA  
Typed or Printed Name

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