N93000003672

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Lennox Isle As	sociation, Inc				
Name o	f Corporation				
DOCUMENT NUMBER:NS	3000003672				
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
Tiouse result and contemporaries contemporaries					
Claudine I	M. Burke, Esq.				
Name of 0	Contact Person				
Burke Goldstein, P.A.					
Firm.	/Company				
3801 Hollywoo	od Blvd., Suite 200				
Address					
Hollywood, FL 33021					
Hollywood, FL 33021 City/State and Zip Code					
amah @h.val	a aldatain agus				
cmb@burkegoldstein.com E-mail address: (to be used for future annual report notification)					
D man address, (to be ased to	Transit annual report non-				
For further information concerning this matter, please	se call:				
Claudine M. Burke, Esq.	at (954) 923-3801				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Dep	partment of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	· · · · · · · · · · · · · · · · · · ·				
P.O. Box 6327 Tallahassee, El. 32314	Clifton Building				

Tallahassee, FL 32301

TO:

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

statement of ch	ange is submitted for a corp	poration organiz	607.1508, or 617.1508, Flored under the laws of the Sta	ate of Florida
1. The name of	the corporation; Lennox	k Isle Assoc		•
2. The principa	l office address: 1 1606 N	I.VV. 19th Driv	ve, Coral Springs, FL 3	33071
3. The mailing	address (if different): P.O	. Box 770850	, Coral Springs, FL 33	077
4. Date of incor	poration/qualification:	8/13/93	Document number:	N93000003672
	d street address of the curre rtment of State: (If resigned		ent and registered office on	file with the
	Kaye & Bender	**************************************		
	6261 NW 6th Way			
	Ft. Lauderdale, FL 3	3309		7 <u>0</u> 0
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or register	TALLAGE VAR
	Burke Goldstein, P./	٩.		
	3801 Hollywood Blve	· · · · · · · · · · · · · · · · · · ·		100 8
	Hollywood, FL 3302	P.O. Box NOT a	acceptable	38 38
The street addr	ess of its registered office l be identical.	and the street ac	ddress of the business offic	ee of its registered agent,
Such change wauthorked by the	as authorized by resolution he board, or the corporation	n duly adopted l	by its board of directors or fied in writing of the change	by an officer so
N crod	Of the Ores	·	Junetian hell Printed or typed name	in food
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regist to comply with the provisind I am familiar with and ing filed merely to reflect to be a notified in writing to	ered agent and ons of all statut accept the oblig a change in the of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, a	ty, id complete performance vistered agent. Or, if this I hereby confirm that the
	majore of Registered Agent			09
If signing on be	chalf of an entity:			
	ne M. Burke yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)