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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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COVER LETTER

| Division of Corpor | n ations | |
|------------------------------|--|---|
| SUBJECT: Meadow | Name of Corporation | Raton Howeowners Asso |
| DOCUMENT NUMBER: | N94000000962 | |
| The enclosed Statement of | Change of Registered Office/Agent | and fee are submitted for filing. |
| Please return all correspond | lence concerning this matter to the f | ollowing: |
| | Michael S. Bend (Name of Contact Per | on) |
| | Robert Kaye & A (Firm/Company) | ssociates, P.A. |
| | 0261 Northwest (Address) | m Way, Suite 103 |
| F | ort Lauderdale, Flo (City/State and Zip C | <u>nida 33309</u> ode) |
| For further information con | cerning this matter, please call: | |
| Michael S. (Name of C | Bender, ESJ. at (9) | 754) 928 - 0680 Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check | made payable to the Department of | State. |
| Ar Di | nailing Address: mendment Section vision of Corporations O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

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 $Flor 10A$ |
| in order to change its registered office or registered agent, or both, in the State of Florida. Association, Inc. |
| 1. The name of the corporation: <u>Meadow Lakes at Boca Kenton Homeowners</u> |
| 2. The principal office address: Clo Federal Home. Integrity Management, |
| 6898 Consoliana Street, Boca, Raton, Florida 33433 |
| 3. The mailing address (if different): Clo Federal Home Integrity Management, |
| P.D. BOX 811180, Boca Raton, FLORIDA 33481 |
| 4. Date of incorporation/qualification: 2/25/1994 Document number: N9400000962 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| David A. Black |
| clo Federal Home Integrity Management |
| 6898 Consoliana Street |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): |
| Robert Kaye & Associates, P.A. F. 3 |
| (P.O. Box NOT acceptable) |
| Fort Landerdale, Florida 33309 |
| 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) Signature of an officer or director) (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) S. 30.07 (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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