

NA94100003712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

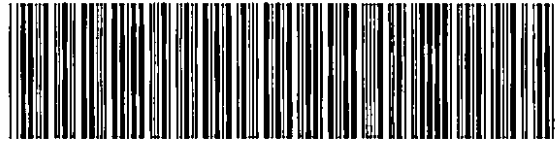
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JUN 26 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLASSIC VISTAS HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

N94000003712

DOCUMENT NUMBER: _____

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:

David Klein

Name of Contact Person

Milberg Klein PI

Firm/Company

5550 Glades Rd, Suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Klein

561

2449461

at (_____) _____

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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLASSIC VISTAS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 1145 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/27/94 Document number: N94000003712

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)

KATZMAN GARFINKEL

1500 W. CYPRESS CREEK ROAD SUITE 408

FORT LAUDERDALE, FL 33309

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

MILBERG KLEIN PL

5550 Glades Rd. Suite 500

P.O. Box NOT acceptable

Boca Raton, FL 33431

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JUN 25 1994

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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

ROBERT SIEGEL
Printed or typed name and title PRESIDENT

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

6-17-18
Date

If signing on behalf of an entity:

De-ji Hlein
Typed or Printed Name

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

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