M250000)46/6

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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	<u>.</u>			





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COVER LETTER

Amendment Section Division of Corporations

TO:

CUDIECT.	CANDLEWOOD VILI	AGE HOA	INC	
SUBJECT:	Name of C	orporation	<u> </u>	
DOCUMENT NUMB	er: N95	000004616		
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:				
	_			
Cory Kravit Name of Contact Person				
Kravit Law, P.A.				
Firm/Company				
902 Clint Moore Road, Suite 136				
Address				
Boca Raton, FL 33487 City/State and Zip Code				
·				
donnasegan@ceamanagement.com E-mail address: (to be used for future annual report notification)				
		•	,	
For further information concerning this matter, please call:				
	Cory Kravit	at (561	893-0042	
Name o	of Contact Person	Area Cod) 893-0042 e & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street	Address:	
	Amendment Section Division of Corporations		idment Section ion of Corporations	
	P.O. Box 6327		on Building	
	Tallahassee, FL 32314	2661	Executive Center Circle	

Tallahassee, FL 32301

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, statement of change is submitted for a corporation organized under the section of the corporation organized under the section of the corporation organized under the section of the corporation organized under the corporation or the corporation of th				
in order to change its registered office or registered agent, of				
1. The name of the corporation: Candlewood Village Homeowners Association, Inc.				
2. The principal office address: c/o CEA Property Managemen	nt 777 South Flagler Drive			
SUITE 800- WEST TWR, West Palm Beach, FL 3340	01			
3. The mailing address (if different):				
4. Date of incorporation/qualification: 09/28/1995 Docum	nent number: N9500004616			
5. The name and street address of the current registered agent and reg Florida Department of State: (If resigned, enter resigned)	istered office on file with the			
BAKALAR & EICHNER, P.A.				
150 SOUTH PINE ISLAND ROAD SUITE	540 Reg 92,937			
PLANTATION, FL 33324				
6. The name and street address of the new registered agent (if changed):	d) and /or registered office			
KRAVIT LAW, P.A.				
902 CLINT MOORE ROAD, SUITE 136				
P.O. Box NOT acceptable BOCA RATON, FL 33487				
The street address of its registered office and the street address of tas changed will be identical.	he business office of its registered agent,			
_				
Such change was authorized by resolution duly adopted by its boar authorized by the board, or the corporation has been notified in wr	iting of the change.			
Signature of an officer or director,	Printed or typed name and title			
I hereby accept the appointment as registered agent and agree to a light further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of m document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	o to the proper and complete pertormance			
and the second	4/17/12			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Cory Kravit, President Typed or Printed Name				
* * * FILING FEE: \$35.00 * * *				
MAKE CHECKS PAYABLE TO FLORIDA DERA MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 63 CR2E045 (8/05)	RTMENT OF STATE 27, TALLAHASSEE, FL 323143			