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TALLAHASSEE, FLORIDA

ROBERT L. KAYE, B.C.S.* MICHAEL S. BENDER JEFFREY A. REMBAUM PETER C. MOLLENGARDEN DEBORAH S. SUGARMAN Andrew B. Black, B.C.S.* GERARD S. COLLINS JEFFREY D. GREEN EMILY E. GANNON DANIELLE M. BRENNAN LAUREN T. SCHWARZFELD ALLISON L. HERTZ, B.C.S.* ASHLEY R. TULLOCH JAY S. LEVIN RYAN N. LUMBRERAS KERSTIN HENZE, OF COUNSEL LISA A. MAGILL, OF COUNSEL



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WITH AN ADDITIONAL OFFICE IN PALM BEACH GARDENS

*BOARD CERTIFIED SPECIALIST IN CONDOMINIUM AND PLANNED DEVELOPMENT LAW

MBender@KBRLegal.Com

August 7, 2018

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Florida 32314

RE: Osprey Point Homeowners' Association, Inc.

Document No.: N96000001053

Change of Registered Office/Registered Agent

Dear Sir/Madam:

This Firm represents Osprey Point Homeowners' Association, Inc. Enclosed please find the signed and completed Statement of Change of Registered Office Or Registered Agent Or Both For Corporations together with our Firm's check (#23728) payable to the Florida Department of State in the amount of \$35.00, representing the filing fee.

Please change the Registered Agent to our Firm:

KAYE BENDER REMBAUM, P.L. 1200 Park Central Boulevard South Pompano Beach, Florida 33064

Should you have any questions, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Very truly yours,

Christine R. Giordano, Assistant to ANDREW B. BLACK, ESQ.

Enclosure

COVER LETTER

TO: Amendment Section Division of Corporations OSPREY POINT HOMEOWNERS' ASSOCIATION, INC. SUBJECT: Name of Corporation N96000001053 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: Lennie Plazure Name of Contact Person Campbell Property Management Firm/Company 1215 East Hillsboro Boulevard Deerfield Beach, FL 33441 City/State and Zip Code Lplazure@campbellproperty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lennie Plazure Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address:

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	inge is submitted	for a corporation	ı organized un	1508, or 617,1508, F der the laws of the S ent, or both, in the S	tate of Flor	rida	-
T. The name of t	the corporation:	OSPREY P	OH TNIO	MEOWNERS' A	ASSOCIA	ATION, II	NC.
2. The principal	,	1215 East	Hillsboro E	Boulevard			
		Deerfield E	Beach, FL	33441			
3. The mailing a	address (if differer	nt):					
4. Date of incorp	poration/qualifica	tion: 02/26/19	996 1	Ocument number:	N9600	0001053	
	l street address of rtment of State: (I			d registered office or	n file with th	he	
	WALTERS,	DONALD R					
	7401 WILES ROAD, SUITE 202						
	CORAL SPI	RINGS, FL 3	33067				
6. The name and (if changed):	l street address of	the new register	ed agent (if ch	anged) and /or regist	ered office	AUG -9 AHASSEE	FILED
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	1200 Park 0	Central Boule	evard Sout	h		2: 53 TATE ORIDA	
	D		Box NOT acceptabl	c		> ω	
		each, FL 33					
The street address changed will	ess of its registere be identical.	ed office and the	street address	of the business offi	ce of its reg	gistered agei	nt,
				board of directors or writing of the chan			
χ	Gaia De	/e xus	¥	Gloria De Jest	ıs		
U	re of an officer or difec			Printed or typed nar			
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment to comply with the my duties, and I is document is be that the corporat	as registered ag e provisions of a am familiar with ing filed merely ion has heen not	ent and agree ill statutes rel and accept ti to reflect a ch tifled in writin	to act in this capac ative to the proper a ie obligation of my p ange in the register g of this change.	ity. ind complet position as i ed office ad	e registered Idress, I	
(ei	150		08/0	2/2018			
Sign	nature of Registered Ag	ent		Date			
If signing on be	half of an entity:						
Andrew B. I							
13	yped or Printed Name						

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