

N96000006282

(R	equestor's Name)			
	44			
(A)	ddress)			
(Address)				
(C:	ity/State/Zip/Phone #	Α)		
(Oity/State/Zip/Prione #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		of Status		
Special Instructions to Filing Officer:				

Office Use Only



100440545741

12/05/24--01012--007 **35.00

SECRETALY OF STATE
TAIL MASSES EL

FILED

Robyn Marie Severs, Esq. Shareholder Board Certified Specialist, Condominium and Planned Development Law Phone: 407.875.0955 Fax: 407.999.2209

Phone: 407.875.0955 Fax: 407.999.2209 Phone: 904.423.5372 (St. Johns County)

rsevers@beckerlawyers.com

Becker & Poliakoff 111 N. Orange Avenue Suite 1400 Orlando, FL 32801

December 2, 2024

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

Re: Glen Kernan Homeowners' Association, Inc.

Document Number - N96000006282

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #000164 in the amount of \$35.00 made payable to the Department of State to cover the cost of filing.

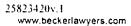
Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely.

Robyn Marie Severs, Esq.

For the Firm

RMS1/jd/lv



Becker

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of E registered agent, or both, in the State of F	Florida	his
1. The name of	the corporation: Glen Kernan Homeo	owners' Association, Inc.		
	office address: 4314 Pablo Oaks Ct.			
3. The mailing a	ddress (if different):			
4. Date of incorp	ate of incorporation/qualification: 12/10/1996 Document number: N96000006282			
5. The name and		ered agent and registered office on file wi		
	WASSERSTEIN, P.A.			
	301 YAMATO ROAD, SUITE 2199		- 	202
	BOCA RATON, FL 33431		ACRE L	1 1 2024 DEC
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered of	fice \	ф <u>Г</u>
	c/o Becker & Poliakoff, P.A.		EE'S'	
	111 North Orange Ave, Suite 1400		FATE	: ∩ 9
P.O. Box NOT acceptable				
	Orlando, FL 32801		-	
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of it	s register	ed agent,
Such change was authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so)
<u>"'</u>	MWA	I.m. M. ULite		
I hereby accept I further agree	the appointment as registered age to comply with the provisions of al al I am familiar with and accept th ing filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. It is talutes relative to the proper and con e obligation of my position as registered in the registered office address. I herelange.	nniete nei	formance Or, if this n that the
	byn Mauro	10/8/2024		
Sig	nature of Registered Agent	Date	<u> </u>	
If signing on be	half of an entity:			
Robyn Severs				
T	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 * * *