## W9700001423

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	, WAIT	MAIL
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Mill Walk Homeowners Association, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: N9700001423		
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:		
*		
Guy M. Shir, Esq.		
(Name of Contact Person)		
Kahan Shir PL		
(Firm/Company)		
1900 MM Comorate Roulevard, Suite 200		
1800 NW Corporate Boulevard, Suite 200 (Address)		
Boca Raton, Florida 33431		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Guy M. Shir, Esq. at ( 561 ) 999-5999		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building		
<b>■</b>		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

TO:

Amendment Section

## 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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Mill Well-Homeowners Association, Inc.
2. The principal office address: The principal office address: SUITE 800-WEST TOWER WEST PALM BEACH, FL
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/14/97 Document number: N9760000 84/23
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
('Nr's Kunimaa)
6580 Columbia Ave
Lake worth PC 33467 8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Gruy M. Shir Esq.
1800 NW Corporale Blv1. Suite 200
(P.O. Box NOT acceptable)
100ca Raten 12C 33431
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)  Sandy Benneth, Pres., LCAN (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this canacity.
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.
Ann Show 8/8/08
(Signature of Registered Agent)  If signing on behalf of an entity:
Guy M. Shir
Typed or Printed Name)  ***FILING FEE: \$35.00 ***  ***FILING FEE: \$35.00 ***
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE, MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PLOZ314 Z 100 1007
CEDERAL (SINE)

CR2E045 (8/05)

RECEPTED