N97000006344

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Dusiness Littly Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: THE POINTE AT HERON BAY ASSOCIATION, INC. |
| Name of Corporation |
| DOCUMENT NUMBER: N9700006344 |
| 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: |
| Tamar Duffner Shendell |
| Name of Contact Person |
| Shendell & Associates, P.A. |
| Firm/Company |
| 635 SE 10 Street, Suite 635A |
| Address |
| Deerfield Beach, FL 33441 |
| City/State and Zip Code |
| Service@shendell-law.com |
| E-mail address: (to be used for future annual report notification) |
| 중 (2R) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: Tamar Duffner Shendell Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. |
| 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

SFG

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of | f Florida | - |
|---|--|--|----------|
| 1. The name of t | he corporation: THE POINTE AT HERON BAY ASSOCIAT | FION, INC. | |
| 2. The principal | office address: C/O EXCLUSIVE PROPERTY MANAGEMENT 2945 WES | ST CYPRESS CR | EEK RD |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 11/10/1997 Document number: NS | 7000006344 | • |
| | I street address of the current registered agent and registered office on file timent of State: (If resigned, enter resigned) | with the | |
| | Shendell & Associates, P.A. | _ | |
| | 5340 N. Federal Highway | _ | |
| | STE 201, Lighthouse Point, FL 33064 | <u> </u> | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered of | | SPAIG |
| | Shendell & Associates, P.A. | 17 NOV | |
| | 635 SE 10 Street, Suite 635A | _ _ | ₩ |
| | P.O. Box NOT acceptable Deerfield Beach, FL 33441 | 2 | |
| | ess of its registered office and the street address of the business office of be identical. as authorized by resolution duly adopted by its board of directors or by an eboard, or the corporation has been notified in writing of the change. | | |
| authorized by th | ne board, or the corporation has been notified in writing of the change. | | |
| Signatu | re of an officer or director Printed or typed name and | Title | - |
| I further agree performance of agent. Or, if th | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and came my duties, and I am familiar with and accept the obligation of my positions is document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change. | omplete on as registered fice address, l | |
| Sig | and the second segment of Registered Agent Date | | _ |
| Jamos | half of an entity: DJ-FRNer Shondl breadowl sped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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