

N98000004026

(Requestor's Name)

Brough, Chadrow & Levine, P.A.
Weston Professional Centre
2149 North Commerce Parkway
Weston, FL 33326

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

**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: WEDGEWOOD AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 6601 CASCADE ISLES BLVD BOYNTON BEACH, FL 33437

3. The mailing address (if different): C/O CASTLE GROUP
12270 SW 3rd Street Suite 200 Plantation, FL 33325

4. Date of incorporation/qualification: 07/09/1998 Document number: N98000004026

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brough, Chadrow & Levine, P.A.

1900 North Commerce Parkway

Weston, FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brough, Chadrow & Levine, P.A.

2149 North Commerce Parkway

P.O. Box NOT acceptable

Weston, FL 33326

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.

X Sandra Nichols
Signature of an officer or director

Sandra Nichols
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. 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.

[Signature]
Signature of Registered Agent

5/11/16
Date

If signing on behalf of an entity:

Scott J. Levine for Brough, Chadrow & Levine, P.A.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21E045 (03/12)

11:00
15 JUN -6 AM 10:13
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TALLAHASSEE, FLORIDA