

N99000003076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

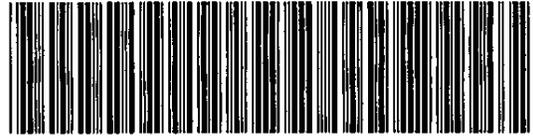
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ra Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Skylake Homeowners, Inc.
Name of Corporation

DOCUMENT NUMBER: N99000003076

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:

Adam Frankel
Name of Contact Person

Skylake Homeowners
Firm/Company

2040 Northeast 194 Drive
Address

North Miami Beach, FL 33179
City/State and Zip Code

association@skylakehoa.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Schenker at (305) 573 7000
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

SECRETARY OF STATE
TALLAHASSEE, FL
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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Skylake Homeowners, Inc.
2. The principal office address: 2040 NE 194 Drive
North Miami Beach, FL 33179
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/1999 Document number: N99000003076

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)
*resigned
Joanne Blambert
19330 NE 22 Avenue, NMB, FL 33180

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Adam Frankel
2040 NE 194 Drive
P.O. Box NOT acceptable
North Miami Beach, FL 33179

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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.

L. Schenker
Signature of an officer or director

Laurie Schenker / Treasurer
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.

Adam Frankel
Signature of Registered Agent

8/16/16
Date

If signing on behalf of an entity:

Typed or Printed Name

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