707621

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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RA Richard

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SECRETARY OF STATE
SECRETARY OF STATE

JAN 3 0 .2012 T. ROBERTS

COVER LETTER

TO:	Amendment Section Division of Corporat	ions				
SUBJECT: The Shores Corporation Name of Corporation						
DOCL	JMENT NUMBER:_	·	707621			
The en	closed Statement of Cl	nange of Registered Offic	e/Agent and fee are subm	nitted for filing.		
Please	return all corresponde	nce concerning this matte	r to the following:			
		Franklir	n A. Jara			
			ntact Person			
	Jara & Associates, PA					
		Firm/C	ompany			
			l Ave, 1114			
		Ado	11058			
	Miami: El 22424					
Miami, FL 33131 City/State and Zip Code						
	E-mail a	ddress: (to be used for t	uture annual report not	ification)		
						
For fur	ther information conce	erning this matter, please	call:			
	Franklin	A. Jara	at (786)	866-8705		
	Name of Cont	act Person	Area Code & Dayı	time Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.						
	Ame Divi P.O.	ing Address: Indicate the second seco	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	Section Torporations Ing ve Center Circle		

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 Sampe is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$ for the change its registered office or registered agent, or both, in the State of F.	lorida		
1. The name of	the corporation: The Shores Condominium INC.			
	l office address: 1700 NE 105 Street, Miami, FL 33138			
	•			
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification:07/21/1964Document number:	707621		
	d street address of the current registered agent and registered office on file wit artment of State: (If resigned, enter resigned)	h the		
	Rojas Law Firm LLP	For is		
	9130 S Dadeland Blvd, 1209	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Miami, FL 33138			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	E STATE OF S		
	Jara & Associates, PA	. Dr		
777 Brickell Ave, 1114 P.O. Box NOT acceptable				
	MiAmi, FL 33131			
The street address changed will	ress of its registered office and the street address of the business office of its lbe identical.	s registered agent,		
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so		
Colker	are of an officer or director Printed or typed name and tit	g (Director)		
I hereby accept I further agreed of my duties, dr document is be corporation ha	t 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 com If I am familiar with and accept the obligation of my position as registered Ing filfal merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete performance I agent. Or, if this by confirm that the		
Sig	gnature of Registered Agent Date			
If signing on be	chalf of an entity:			
Fran Chi	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 CR2E045 (8/05)