

727158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALL ANN ARBOR MI 48106

no charge

JUL 24 2012

T. LEWIS

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: Sovereigns Condominium Association, Inc.
- 2. The principal office address: 6851 SW 147th Ave, Miami, Florida 33193
- 3. The mailing address (if different): 5190 NW 167th Street, # 104 Miami, Florida 33014
- 4. Date of incorporation/qualification: _____ Document number: 727158

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)

Universal Property Management and Consultants, Inc.
1380 NE Miami Gardens Drive #207
Miami, Florida 33179

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TALLAHASSEE, FLORIDA

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

Universal Property Management and Consultants Inc.
5190 NW 167th Street # 104
P.O. Box NOT acceptable
Miami, Florida 33014

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.

 _____ Jorge Leon Pres _____
Signature of an officer or director 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.

 _____ 7-12-12 _____
Signature of Registered Agent Date

If signing on behalf of an entity:
MARTA BASCOY
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