729233

(Requestor's Name)
(Address)
•
· (Address)
(City/State/Zip/Phone #)
(Ottyrotate/Liph Hone II)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations		
·		
SUBJECT: COSTA DEL SOL ASSOCIATION, I	NC	
(Name of Corpo	oration)	
DOCUMENT NUMBER: 729233		
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
ISABEL LOPEZ		
(Name of Contact	Person)	
COSTA DEL SOL ASSOCIATION, INC. (Firm/Company)		
(
ONE COSTA DEL SOL BLVD		
(Address)		
DORAL FL 33178		
(City/State and Zi	p Code)	
For further information concerning this matter, please call:		
ISABEL LOPEZ at	(305) 310-4834	
(Name of Contact Person)	(305) 310-4834 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department	t of State.	
	Charact A didinary	
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314	Tallahassee, FL 32301	

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

statement of cha	ange is submitted for a corporation organized under the laws of the State of Florida	·
	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: COSTA DEL SOL ASSOCIATION, INC.	
2. The principal	1 office address: ONE COSTA DEL SOL BLVD, DORAL FL 33178	
	the state of the s	
3. The mailing a	address (if different):	
		
4. Date of incor	rporation/qualification: 04/03/1974 Document number: 729233	
	d street address of the current registered agent and registered office on file with the artment of State:	
	SKRLD, INC	
	201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL 33134 US	
	CORAL GABLES FL 33134 US	-
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	},
	Ana Costales - Abiseid, CPA	د
	6020 SW 40th Street	
	(P.O. Box NOT acceptable)	
	Miami, FL 33155-5255	
The street addr	ress of its registered office and the street address of the business office of its registered agent, Lbe identical.	
Such change w authorized by t	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, on the corporation has been notified in writing of the change.	
(Signal	thre of an officer or director) President (Printed or typed name and title)	
I hereby accept I further agree of my duties, ar 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 complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
	Murch 6, 7008 (Date)	
	ehalf of an entity:	
(*	Typed or Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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