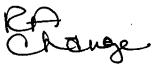
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Firm Administrator
PAT HERMOSA Wacondo I

January 27, 2009

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: The Cypress At Woodmont - III Condominium Association, Inc. Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL

Leigh C. Katzman, E Founding Partner

LCK:hap Enclosures

cc: Board of Directors Property Manager

toal/CLIENTSIC) press At Woodmone - III COA, InclINFO ASCILETTE to Division of Corporations Enclosing Change of Registered Agent Form 01-27-09 wpd

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid		۶,
this statement of Florida	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	n ine siai ·	e
1. The name of	f the corporation: The Cypress at Woodmont - III Condominium Association, Inc.		
	al office address:		
3. The mailing	address (if different):	Ts-	20b
		LCS -	ے پیے
4. Date of inco	rporation/qualification: 06/03/1980 Document number: 752759	EZE EZE EZE EZE EZE EZE EZE EZE EZE EZE	≨ ⇔
5. The name ar	nd street address of the current registered agent and registered office on file with	h the	0
Piorida Depa	artment of State: A & M Partners, Inc.	70	A S
	· · · · · · · · · · · · · · · · · · ·	SE	-
	3495 North Hiatus Road, Suite 202	P	Q.
	Sunrise, Florida 33351		
The name a changed):	and street address of the new registered agent (if changed) and /or registered	d office (i	f
changed).	Katzman Garfinkel, P.A.		
,	1501 Northwest 49th Street, Suite 202		
	(P.O. Box or personal mailbox NO1 acceptable) Fort Lauderdale, Florida 33309		
		• . •	
The street addi agent, as chan	ress of its registered office and the street address of the business office of its a ged will be identical.	registered	
Such change way the such arthorized by the su	vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so	
Standard of the	er chairman of vice chapman of the board) (Printed or typed name and title)		
I hereby accep I further agree performance o registered age office address,	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and comp f my duties, and I am familiar with and accept the obligation of my position of nt. Or, if this document is being filed merely to reflect a change in the registe I hereby confirm that the corporation has been notified in writing of this cha	lete as ered ange.	
			سسا
Signing on beha	alf of an entity:	0 7 20	0 9
LEIGH C	Signature of Registered Teent) alf of an entity: LATZMAN FOUNDING PARTNER (Typed or Printed Name) (Capacity)		· · · · · · · · · · · · · · · · · · ·

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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