## 767276



## T & G MANAGEMENT SERVICES, INC.

18001 Old Cutler Road, Suite 521 Palmetto Bay, FL 33157

(City/State/Zip/Phone #)		
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R.A. TB 4-28-09

## 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 Lakes of The Meadow Vivage Homes Muster Maintenan
2. The principal office address: 13000 5W 133rd Court
Miami F1 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/03/1983 Document number: 767276
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SKRLD, INC.
201 Alhambra Circle,#1102 FEB 75 Coral Gables Fl 33134
Coral Gables Fl 33134 23 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PARKWAY
(P.O. Box NOT acceptable) WESTON, FL 33326
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.
Carlos Merdinez Precident (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 provision 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 of change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Register of Agent)  (Date)
If signing on behalf 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

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