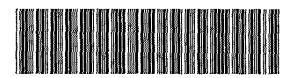
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(Requ	uestor's Name)
(Addr	ess)
(Addr	ess)
(City/s	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busin	ness Entity Name)
(Docu	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CT: VENETIAN ASSOCIATION, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: N01000003751
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Helio De La Torre
	(Name of Contact Person)
	Siegfried, Rivera, Lerner, De La Torre & Sobel, P.A. (Firm/Company)
	210 Alhambra Circle, Suite 603 (Address)
	Coral Gables, Florida 33134
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Helio I	De La Torre at (305) 442-3334
	Oe La Torre at (305) 442-3334 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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 $\mathfrak L$ 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 F	
1. The name of the corporation: Venetian Association, Inc.	·
2. The principal office address: MIAMI MANAGEMENT INC., 14275 SW 142 S	TREET, MIAMI, FL
33185	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/25/2001 Document number: N010000	003751
5. The name and street address of the current registered agent and registered office on file wi Florida Department of State:	th the
MACHADO, JOSE L	_
8500 SW 8TH STREET SUITE 238	TAS 06
MIAMI FL 33144	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):	
SKRLD, INC.	MIII: 45 OF STATE EE, FLORID
201 ATHAMBRA CIRCLE - SUITE 1102 (P.O. BOX NOT acceptable)	RIDA TE 45
CORAL GABLES, FL 33134	-
The street address of its registered office and the street address of the business office of i as changed will be identical.	ts registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by ar authorized by the board, or the corporation has been notified in writing of the change.	
EDDIE AlVAREZ	i Tacsinent
(Signature of an officer of difference) 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 conform duties, and I am familiar with and accept the obligation of my position as registered accument is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change. (Signature of Registered Agent) (Date)	•
Helio Delatone (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 * * *

CR2E045 (8/05)