N03000002665

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

| Division of | Corporations | | | | • |
|--|-------------------|----------------------------|------------------|-----------------------------------|-----------|
| | | Candana Car | | 3 | T = = |
| SUBJECT: | ourtyard | Name of Co | orporation | Association, | ine. |
| | | | • | | |
| DOCUMENT NU | MBER: | N0300000266 | 55 | | |
| The enclosed States | ment of Change of | of Registered Office | /Agent and fee | are submitted for filin | g. |
| Please return all cor | rrespondence cor | ncerning this matter | to the following | g: | |
| | | American desired to the | - | | • |
| | Sant | tiago Duque | , CPA | | |
| • | | tiago Duque Name of Con | tact Person | | |
| | | | | | |
| | Friedman, | Duque & Co. Firm/Co | , CPAs | | |
| | | Firm/Co | mpany | | |
| | 800 South | neast 3rd A | venue, Si | uite 301 | |
| Address | | | | | |
| | | | | | |
| | Ft. Laude | erdale, FL | | | |
| City/State and Zip Code | | | | | |
| | Sc | duquecpa@ao1 | .com | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information | tion concerning t | his matter, please c | all: | | |
| Santiag | o Duque | | at (954 |) 763-8100 | x 311 |
| Nam | ne of Confact Per | son | Area Cod |) 763-8100 e & Daytime Telepho | ne Number |
| Enclosed is a \$35.00 | 0 check made pa | yable to the Departi | nent of State. | | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 tatement of change is submitted for a corporation organized under the laws of the State of <u>Rlorida</u> in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|-----|
| . The name of the corporation: Courtyard Gardens Condominium Association, Inc. | |
| The principal office address: 336 Duval St., Key West, FL 33040 | |
| . The mailing address (if different): same | |
| l. Date of incorporation/qualification: 3-24-03 Document number: N03000003665 | |
| John Allison, III 100 S.E. 2nd Street, Suite 3350 Miami, Fl 33131 US | 1 = |
| Iohn Alliaon, III | Ö |
| 100 S.E. 2nd Street, Suite 3350 | 277 |
| Miami, Fl 33131 US | 2 |
| 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| Pam Hill, Secretary Courtyard Cardens Condo Assoc Inc | ; |
| 336 Duval St. | |
| P.O. Box NOT acceptable Key West, FL 33040 | |
| rey west, in 33040 | |
| The street address of its registered office and the street address of the business office of its registered agent, is 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. Cratchen Holderman, Pressing and ones of aircraft. | |
| hereby accept the appointment us registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the opporation has been notified in writing of this change. | |
| Signature of Registered Agenti | |
| f signing on behalf of an entity: | |
| Pam Hill Secretary Courtyard Gardens Condominium Association Typed or Printed Name Inc. | n |
| * * * FILING FEE: \$35.00 * * * | |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 | |

CR2E045 (8/05)