## N0300009880

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

TO: Amendment Section Division of Corpor	on rations								
SUBJECT: Talavera Association, Inc.  Name of Corporation									
DOCUMENT NUMBER	N030	00009880							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
and the second s									
***	Coralee G. Pe	enabad, Esq.							
Coralee G. Penabad, Esq. Name of Contact Person									
<u></u>	Coralee G. Po								
	T IIIII CC	impuny							
	235 Altara	a Avenue							
<del></del>	Addi								
Coral Gables, Florida 33146									
City/State and Zip Code									
	cpenabad@h	-plegal.com							
E-mail address: (to be used for future annual report notification)									
For further information con	ncerning this matter, please of	eall:							
Vicky	Garrigo	305	567-2860						
	ontact Person	at (305 Area Code & Daytime	Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.									
A D P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle						

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

statement of cha	nge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida
1. The name of	the corporation: Talav	era Associatio	on, Inc.	
			s, Rd., Wellington, FL	. 33414
3. The mailing a	address (if different): 23	5 Altara Avenue	e, Coral Gables, FL 33	3146
4. Date of incor	poration/qualification:	11/13/2003	Document number:	N03000009880
•	d street address of the current of State: (If resign		nt and registered office on t	file with the
	John Newsome			
	3461-B Fairlane F	arms, Rd.		7A 51
	Wellington, FL 334	114		2010 APR TALLAH
6. The name and (if changed):			if changed) and /or register	スデート に
	Coralee G. Penab. 235 Altara Avenue			OF 54
	Coral Gable	P.O. Box NOT ac	ceptable 33146	• •
The street addr	ess of its registered office local l	ce and the street ad	dress of the business offic	ce of its registered agent,
	as authorized by resolut he logard, or the corpora	tion duly adopted b tion has been notif	y its board of directors or led in writing of the chan Andrew B. He Printed or typed nar	by an officer so ge.
I further agree of my duties, a document is be	to comply with the prov	risions of all statute nd accept the oblige ct a change in the r	agree to act in this capaci is relative to the proper a ation of my position as reg registered office address,	ity nd complete performance gistered agent. Or, if this I hereby confirm that the
Mes	ghanure of Fegistered Agent		3/11/2010 Date	
If signing on bo	chalf of an entity:			
	Typed or Printed Name			

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