

NO4000001827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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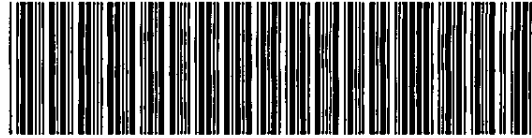
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: Las Brisas at Country Club of Miami Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO4000001827

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:

Walter A. Anon, Esquire
Name of Contact Person

LAW OFFICES OF WALTER A. ANON, P.A.
Firm/Company

7975 NW 155 Street, Suite A
Address

Miami Lakes, FL 33014
City/State and Zip Code

walteranon@anonlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter A. Anon at (305) 821-5419
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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 statement 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 the State of Florida.

1. The name of the corporation: LAS BRISAS at Country Club of Miami Condominium Association, Inc.

2. The principal office address: 7055 NW 180 Street, Hialeah, FL 33015

3. The mailing address (if different): 7055 NW 180 Street, Hialeah, FL 33015

4. Date of incorporation/qualification: 02/19/2004 Document number: N04000001827

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ritter, Zarersky, Lieber, LLP
2915 Biscayne Blvd, Suite 300
Miami, FL 33137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAW OFFICES OF WALTER A. ANON, P.A.
7975 NW 155 Street, Suite A.
P.O. Box NOT acceptable
Miami Lakes, FL 33010

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TALLAHASSEE, FLORIDA

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.

Oscar Menendez
Signature of an officer or director

TREASURER/SECRETARY
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 provisions 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 a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Oscar Menendez
Signature of Registered Agent

12-8-14
Date

If signing on behalf of an entity:

Walter A. Anon
Typed or Printed Name

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