

No 4000002034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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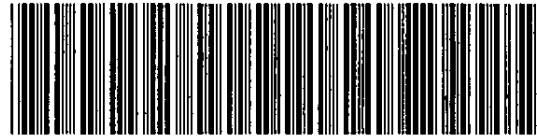
(Business Entity Name)

(Document Number)

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201 ALHAMBRA CIRCLE | SUITE 1102 | CORAL GABLES, FLORIDA 33134
MIAMI-DADE 305.442.3334 | FAX 305.443.3292 | TOLL FREE 800.737.1390

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REPLY TO CORAL GABLES OFFICE

August 6, 2008

VIA FEDERAL EXPRESS
Division of Corporations
Amendment Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: THE TOWNHOMES AT VILLAS DEL CAMPO HOMEOWNERS' ASSOCIATION, INC. ("Association")

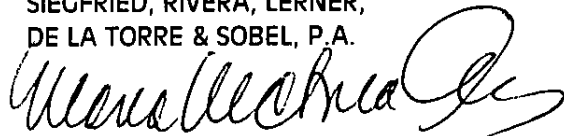
To Whom it May Concern:

The undersigned law firm represents The Townhomes at Villas Del Campo Homeowners' Association, Inc. ("Association"). Enclosed herewith are the original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") and a check in the sum of Thirty-Five and No/100 Dollars (\$35.00). Please date stamp the copy and return to the undersigned in the enclosed self-addressed stamp envelope.

Should you require anything further, please do not hesitate to contact my office.

Very truly yours,

SIEGFRIED, RIVERA, LERNER,
DE LA TORRE & SOBEL, P.A.



Maria Victoria Arias

DANIEL J. BARSKY
B. MICHAEL CLARK, JR.
CHRISTOPHER J. DIMARE
VINCENT B. FLOR
ROBERT E. GEISLER
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MARY ANN RUIZ
CARIDAD RUSCONI
TIFFANY M. SEEMAN
NICHOLAS D. SIEGFRIED
L. CHERE TRIGG

OF COUNSEL

H. HUGH McCONNELL, P.A.

MVA/bly
Enclosures
cc: President
Property Manager
H:\LIBRARY\CASES\5167\2070158\2175920.WPD

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: TOWNHOMES AT VILLAS DEL CAMPO HOMEOWNERS' ASSOC., INC.

2. The principal office address: 6925 N.W. 42nd Street
MIAMI, FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/26/2004 Document number: N04000002034

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEVEN A. FEIN
900 SOUTH STATE ROAD 7
PLANTATION, FL 33317

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

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
(P.O. Box or personal mailbox NOT acceptable)
CORAL GABLES, FL 33134

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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.

[Signature]
(Signature of an officer or director)

PRESIDENT
(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.

[Signature]
(Signature of Registered Agent)

7/28/08
(Date)

If signing on behalf of an entity:

LISA A. LERNER
(Typed or Printed Name)

SECRETARY
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314