N05000001846

(Red	questor's Name)	
(Add	lress)	
(Add	lress)	
•	·	
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
Rus	iness Entity Nar	ne)
(533	mioss Emily Hai	,
(Doc	cument Number)	
	,	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



800161756998

10/23/09--01017--005 **35.00

SEVIKE TARY OF STATICH OF CORPORATION OF CORPORATION OF STATICH OF

C.COULLIETTE

NOV 1 3 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2009

THE CONTINENTAL GROUP, INC 11981 SW 144 CT STE 201 MIAMI, FL 33186

SUBJECT: VISTA TRACE 3 CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05000001846

We have received your document for VISTA TRACE 3 CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

I don't know what you are trying to do with this form you have submitted to out office for filing. If you are changing the registered agent and address, you need to finish the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 409A00033937

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: 45TA TRACE 3 CONDOMINATION ASSOCIETY
2. The principal office address: % The Confedental Grap Inc 11981 6W 144 CT. Surte 201, MPani, 72. 33186
3. The mailing address (if different):
4. Date of incorporation/qualification 22 20 500 Document number: NO 50000 1846
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CARLOS A. TRIAY
9301 NU 87 Ave #501 9 8
DOLAI, FL. 33172
3 got
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
sonociation bur brown
1661 Kommody Commen # 205
(P.O. Box NOT acceptable)
v North Bay Village, FL. 33141
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 of an infection of the control of the co
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.
BENJAMIN SOLORION TO
(Signature of Registered Agent) (Date)
If signing of behalf of an entity: Soconow, Esq.,
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Paid By Check Number: 3003 - Paid Amount: \$35.00

CR2E045 (8/05)