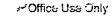
N06000000424

(Requestor's Name)			
(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 OFC 24 PH 12: 28

DEC 31 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations METROPOLIS AT DADELAND MASTER ASSOCIATION, INC. SUBJECT: Name of Corporation N06000000424 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: Marnie Dale Ragan Name of Contact Person Gursky Ragan, P.A. Firm/Company 14 NE 1st Avenue, Suite. 703 Address Miami, FL 33132 City/State and Zip Code metropolisdadeland@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luis Tijerino Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address:

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of Florida	, this	
	r to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: METROPOLIS AT DADELAND MASTER ASSOCIA	MOITA	1, INC.
	office address: 9055 SW 73 CT		
	OR MANAGEMENT OFFICE, MIAMI, FL 33156		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/13/2006 Document number: N0600000	424	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	MELLAWAY REGISTERED AGENTS, LLC		
	2601 SOUTH BAYSHORE DRIVE, SUITE #850		
	COCONUT GROVE, FL 33133	14 08	SEC! TALL!
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	DEC 24	RETARY
	Gursky Ragan, P.A.	PH 12:	13.00 10.00 10.00
	14 NE 1st Ave, Suite.703	2: 28	STATI CRIC
	P.O. Box NOT acceptable Miami, FL 33132)A
The street addre as changed will	ess of its registered office and the street address of the business office of its registe be identical.	ered ag	ent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	so	
<u>Nau</u>	e of an officer or director Printed or typed name and title		.
I hereby accept I further agree t performance of agent. Or, if the hereby confirm	the appointment as registered ayent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered office address and the registered office address that the corporation has been notified in writing of this change.		
MM Sign	12 17 114 tatulo of Registered Agent Date		_
	half of an entity:		
Marnie	Pod or Printed Name		

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