N06000005097

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	500108573455 pachange Tuwis 05/04/0701020002 **35.00
Antiqua Association 17400 NW 6749 ce Miami, Florida Special Instructions to Filing Officer:	FILED RECRETARY OF ENDING. COURS OF THE PARTY OF
Office Use Only	

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

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1 statement of change is submitted for a corporation organized undin in order to change its registered office or registered age	der the laws of the State of Florida
The name of the corporation: Antigua at Country Club of Mian	ni Condominium Association, Inc.
2. The principal office address: 17460 N.W. 67th Court, Miami, F	Florida 33015
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/09/06 D	осиment литьег: N06000005097
5. The name and street address of the current registered agent and Florida Department of State:	d registered office on file with the
SKRLD, Inc.	
201 Alhambra Circle, Suite #1102	(下)
Miami, Florida 33134	P-L
6. The name and street address of the new registered agent (if changed):	anged) and /or registered office
Becker & Poliakoff, P.A. c/o Carlos F	. Martin, Esq.
121 Alhambra Plaza, 10th Floor	
(P.O. Box NOT acceptable) Coral Gables, Florida 33134	
The street address of its registered office and the street address as changed will be identical.	s of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified in	board of directors or by an officer so a writing of the change.
0,5.6 Di	ego E-Borges, President
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes rel of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the regist of poration has been notified in writing of this change.	e to act in this capacity. ative to the proper and complete performance of my position as registered agent. Or, if this ered office address, I hereby confirm that the
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	

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