

N06000010351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

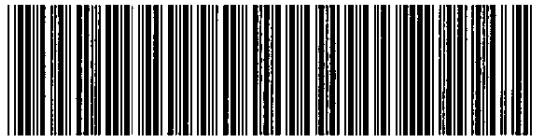
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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Amend

TB

7-13-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BELA VISTA CONDOMINIUM ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: 205890186

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:

JUAN CRIOLLO
Name of Contact Person

Firm/Company

60 E 3RD STREET UNIT 1204
Address

HIALEAH, FL 33010
City/State and Zip Code

JNCRIOLLO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CRIOLLO at (305) 763-6026
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

FILED
2009 JUL -9 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

BELA VISTA CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N06000010351

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

60 E 3RD STREET
UNIT 1204
HALEAH, FL 33010

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME AS ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: BARRY SIMONS

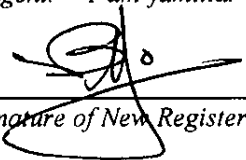
New Registered Office Address:

ONE DATRAN CENTER, SUITE 400, 9100 SOUTH DADELAND
BLVD.
(Florida street address)

MIAMI, Florida 33156
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

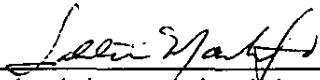
The date of each amendment(s) adoption: 06/01/2009
(date of adoption is required)

Effective date if applicable: 06/01/2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 06/01/2009

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SOLISTER MARTELO
(Typed or printed name of person signing)

DIRECTOR VICE PRESIDENT
(Title of person signing)