## N 1400001457

(Re	questor's Name)	
Atlas Property 1500 N.W. 89th Court, Doral, Florida 33172	dress) Manageme Suite 202	ent Services,
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lγ



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FILED

2017 NOV 20 AMTH: 44

WILL LESS CONTO

C. GOLDEN NOV 21 2017

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Contemps Homeoners Association INC
2. The principal office address: 14.50 NW 870VE SOITE 2004 Dorol
Fl. 33172
3. The mailing address (if different):
4. Date of incorporation/qualification: 08 08 2014 Document number: N 1400007457
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Silva, Frank, ESQ
3470 NW 82 Avenue, Svite 988
Doral FL 33122 = 5
6. The name and street address of the new registered agent (if changed) and /or registered office:
Frank Peroz-Siam
700 SW 87m C+ Miam: FL.
33173-2509
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 adjy adopted by its board of directors or by an officer so authorized by the board, or the forporation has been notified in writing of the change.
Signature of Appropriate of Access Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agical 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 of Registered Agent
If signing on behalf of an entity:

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

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