## N23100

Miam Full Service Proper	i <b>gement,</b> l ty Manageme	<b>Inc.</b> ent & Maintenance
14275 S.W. 142 Aven Miami, Florida 33186		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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## 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, tundersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in t
State of Florida.  1. The name of the corporation: VILLAGE OF DORAL DUNES ASSOCIATION, INC.
2. The mailing address of the corporation: c/o Miami Management, Inc. 14275 SW 142 Avenue, Miami, FL 33186
3. Date of incorporation/qualification: 10/21/1987 Document number: N23100
4. The name and address of the current registered agent and registered office:
Carlos A. Triay
999 Ponce de Leon Blvd. #1110
Coral Gables, FL 33134
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Carlos A. Triay
10570 N.W. 27 Street, #103
Miami, FL 33172
The street address of its registered office and the street address of the business office of its registere 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.
13-11-13
(Signature of an officer, chairman or vice chairman of the board) (Date)
trank Robitak as tresident
(Printed or typed stance and title)  Having been named as registered agent and to accept service of process for the above stated
corporation, 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.
8/10/03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
CNIOSD. TRODY
(Typed or Printed Name) (Capacity)

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