N35072

| (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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Office Use Only



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or 1/2 or

COVER LETTER

Amendment Section Division of Corporations

TO:

| subject: La | go Del Rey Condomin Name of C | ium Association, In | ic. | |
|--|---|---|---------------------------------|--|
| DOCUMENT NUMBER: | | N35072 | | |
| The enclosed Statemen | t of Change of Registered Offic | e/Agent and fee are submi | tted for filing. | |
| Please return all corres | oondence concerning this matte | r to the following: | - | |
| | Lisa A. Leri Name of Co | ner, Esquire intact Person | | |
| Siegfried, Rivera, Lerner, De La Torre & Sobel, P.A. Firm/Company | | | | |
| 201 Alhambra Circle, Suite 1102 Address | | | | |
| | Coral Gable City/State a | es, FL 33177 nd Zip Code | | |
| Illerner@siegfriedlaw.com E-mail address: (to be used for future annual report notification) | | | | |
| For further information | concerning this matter, please | call: | | |
| | a A. Lerner f Contact Person | at (305) | 442-3334 me Telephone Number | |
| | eck made payable to the Depar | ŕ | me receptione Number | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv | ection orporations | |

Tallahassee, FL 32301

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

i - 💫

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida 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: Lago Del Rey Condominium Association | , Inc. |
| 2. The principal office address: 5805 Blue Lagoon Drive, Suite 310, Miami, Flor | rida 33126 |
| | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification:11/7/1989 Document number: | N35072 |
| 5. The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned) | vith the |
| Association Law Group, P.L. | 上海。 |
| 1666 Kennedy Causeway, Suite 305 | FILI JUN 10 AHASSI |
| North Bay Village, FL 33141 | O AM |
| 6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): | یمی فنظم |
| SKRLD, Inc. | |
| 201 Alhambra Circle, Suite 1102 | |
| P.O. Box NOT acceptable Coral Gables, FL 33134 | |
| The street address of its registered office and the street address of the business office of as changed will be identical. | its registered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change. | n officer so |
| Huy Kore Lot Rudy Lloredo, Province or an officer or director Printed or typed name and | esident |
| 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 confined in an important of a familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change. | omplete performance red agent. Or, if this eby confirm that the |
| <u> </u> | |
| Signature of Registered Agent Date | , |
| If signing on behalf of an entity: | |
| Lisa A. Lerner, Secretary Typed or Printed Name | |

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