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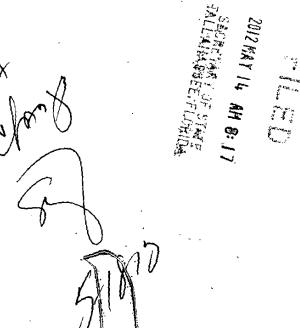
(Requestor's Name) (Address)		
(Address)	100	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: UNO LAGO NO. 7 CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N93000004809
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:
Allison L. Hertz
(Name of Contact Person)
Rosenbaum Mollengarden, PLLC (Firm/Company)
(Tim/Company)
250 Australian Avenue South, Suite 500
(Address)
West Palm Beach, FL 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
Allison L. Hertz at (561) 653-2900 (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

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of
in ord	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: UNO LAGO NO. 7 CONDOMINIUM ASSOCIATION, INC.
2. The principal	office address: 801 UNO LAGO DR JUNO BEACH FL 33408
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 10/25/1993 Document number: N93000004809
	d street address of the current registered agent and registered office on file with the rtment of State:
	MILLS, TOM
	801 UNO LAGO DR
	JUNO BEACH FL 33408 US
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (
	ROSENBAUM MOLLENGARDEN, PLLC
	250 Australian Avenue South, Suite 500
	(P.O. Box NOT acceptable)
The street addr	West Palm Beach, FL 33401 ess of its registered office and the street address of the business office of its registered agent, be identical.
authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
JOJUN 1	Live of an officer or director) JOHN L DAMSTRA, TREASURER (Printed or typed manne and title)
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific provided by writing of this change. 5/7/12 gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
Allicon I. Hoetz	Rosenhaum Mollangarden, PLLC

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (8/05)

CR2E045 (8/05)

(Typed or Printed Name)