## 3/. **FILED DOCUMENT # 708437** May 11, 2000 8:00 am Secretary of State 1. Entity Name --SKY LAKE=GARDENS=NO:3;INC:,-A-CONDOMINIUM-

SIGNATURE  FILE NOW: FEE IS \$61.25  FILE NOW:						<b>'</b>	0001 0001		
### 1   ### 1	Principal Place of Business Mailing Address						03-31-2000 9003	34 013 ****	61.25
Subsit, Ap. 4, etc.  City & State  City & St	#233 Jiami FL 33179	VE	#233 MIAMI FL 33179-5337 US  3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For			
Suite, Apt. #, etc.  City & State  City & Code  City & City & City & City  City & City & City & City & City  City & City & City & City & City  City & City & City	2. Principal Pla	ce of Business							
Section   Sect	Suite, Apt. #	, etc.							
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CIAN, DEBBI 18650 NE. 18 AVE #223  MIAMI FL 33179  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  Signature, Sued or printed name of registered agent and site if application. (NOTE: Registered Agent separation received when reinstating)  FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Truel Fund Contribution. Address Foo May Be Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITIE NAME DIRRAD, ANA DIRRAD, A	City & State								
CIAN, DEBBI 18850 NE. 18 AVE 233  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Signature, 15,45 or protect name of registered agent and tile 1 applicable.  (NOTE: Registered Agent separate regularies regularie	Zip	Country	Zíp	Country					
STREET ADDRESS OTH ST. ST. PP NAME STREET ADDRESS OTH ST. ST.		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent				
MAMIFICATION   Page   Property   Page   Pa					Name				
#233 MIAMI FL 33179  a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33179  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature, type3 or printed name of registered agent and life if applicable. (NOTE: Registered Agent agrature required when reindating)   DATE		IO WAE							
SIGNATURE    Signature   Signa		3179			-City	-	F	Zip Cod	e
SIGNATURE    Signature   Signa	8. The above r	named entity submits this statemer	it for the purpose of changing its	registere	ed office or regis	tered agent, or both, in	the state of Florida.	<del></del>	
TITLE DURAND, ANA D STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179  TITLE VPD  TITLE VPD  TITLE VPD  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE WAME STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE VPD  TITLE WAME STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE VPD  TITLE VPD  TITLE WAME STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE WAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  FILE NOW:  9. Election Campaign Fi				9 \$5.00 May Be   Make Chec			k Payable to	>
TITLE DURAND, ANA D STREET ADDRESS CITY-ST-ZIP MAMI FL 33179  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE VPD  TITLE VPD  TITLE VPD  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE VPD  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE VPD  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STRE	10	OFFICERS AND	DIRECTORS	11.	<del></del>	ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTORS IN	N 10
TITLE CIAN, DEBBI D STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE TITLE DELETE TITLE DELETE TITLE DELETE TITLE DELETE TITLE DELETE	TITLE NAME STREET ADDRESS	PD DURAND, ANA D 18650 NE 18 AVE, #133	ANA D 18 AVE, #133		T ADDRESS				Addition
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The state of the s	NAME Street address		☐ Delete	NAI STF	.E AE EET ADDRESS			☐ Change	Addition
STREET ADDRESS STREET ADDRESS	TIYLE NAME		☐ Delete	NAI	AE			Change	Addition

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGWALKS-REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date

☐ Change

☐ Addition