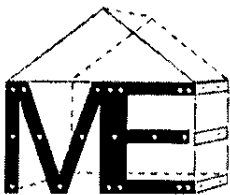


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M & E Associates of Miami, Inc.

13055 S.W. 42nd Street, Suite 203
Miami, Florida 33175

☐ PICK-UP ☐ WAIT ☐ MAIL

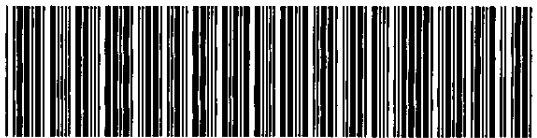
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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, 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: Villas at Carmel Condominium No. 3 Association, Inc.
2. The principal office address: CLM & E Associates of Miami, dnc.
13055 SW 42 Street, Suite 203, Miami, FL 33175
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07.29.2004 Document number: N04000007472
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SKRLD, dnc.
201 Alhambra Circle, Suite 1102
Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lee C. Schmachtenberg P.A.
Schmachtenberg & Associates
1533 Sunset Drive, Suite 201
(P.O. Box NOT acceptable)
Coral Gables, FL 33143

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2007 OCT 10 PM 1:02

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 duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lee Schmachtenberg Lee C. Schmachtenberg Pres
(Signature of an officer or director) (Printed or typed name and title)

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. 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.

Lee Schmachtenberg Lee C. Schmachtenberg, Pres.
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)