## N05000010231

PREIVIER  PROPERTY MANAGEMENT OF MIAMI, INC.  P.O.Box 771507 - Mismi. Fr 32177  81100: 305.233.4325 - Fex: 305.233.4120  Premiermom1@gmsil.sem					
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R.A. Change

TB 1-4-18



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

change is submi	provisions of sections 607.0502, 617 tted for a corporation organized und	der the laws of the State of $\underline{\hspace{1.5cm}}^{\hspace{1.5cm} \mathrm{FL}}$		tatement of in order
to change its reg	gistered office or registered agent, of	r both, in the State of Florida.		
1. The name of t	he corporation: BALLAT THE OF	ASIS NEIGHBORHOOD AS	SOCIATION, INC.	
2. The principal	office address: 730 N.W. 107th A	VENUE, 4TH FLOOR		
	MIAMI, FL 3317	2		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/04/2005	Document number:	N05000010231	9
	I street address of the current register tment of State:	red agent and registered office	on file with the	
	JEFFREY R. MARGOLIS		···-	
	200 S. BISCAYNE BOULEVA	ARD, SUITE 3400	7 SE	
	MIAMI, FL 33131	#H	L PRE	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or regi	stered office	FILED
	SKRLD, INC.		FLOR	1:40
	201 ALHAMBRA CIRCLE, S	UITE 1102		
	(P.O. Box or per	sonal mailbox NOT acceptable)		
	CORAL GABLES, FL 33134		<del></del>	
The street addre	ess of its registered office and the stidentical.	treet address of the business o	office of its registered ag	gent, as
Such change wa	as authorized by resolution duly ade e corporation has been notified in v	onted by its board of directors writing of the change.	or by an officer so aut	horized by
	ignature of an officer or director)	Cesar F	Hustade In	
I hereby accept I further agree t duties, and I am being filed mere been notified in	the appointment as registered agel to comply with the provisions of all a familiar with and accept the obliging the select a change in the registe writing of this change.	nt and agree to act in this cap I statutes relative to the prope tation of my position as regist ered office address, I hereby c	acity. r and complete perform ered agent. Or, if this c confirm that the corpord	iance of my document is ation has
Lac		12/77	107.	
<u>,                                     </u>	(Signature of Registered Agent)		(Date)	. <del></del>
If signing on be	half of an entity:			
LISA A. LE		SECRETA		
· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)		(Capacity)	

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