

| (Requestor's Name)                      |                   |             |  |  |
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| (Address)                               |                   |             |  |  |
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| (Address)                               |                   |             |  |  |
|   |                   |             |  |  |
| (Cit                                    | y/State/Zip/Phon  | e #)        |  |  |
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| (Bu:                                    | siness Entity Nar | me)         |  |  |
| <b>\</b> -                              | <b>,</b>          | ,           |  |  |
| (Do                                     | cument Number)    |             |  |  |
| (20                                     | ournent Humber,   | ,           |  |  |
| C-4(6)-4 C1                             | C-4:6:4-          | - of Chahar |  |  |
| Certified Copies Certificates of Status |                   |             |  |  |
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| Special Instructions to                 | Filing Officer:   |             |  |  |
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Office Use Only



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OCT 23 2013

R. WHITE

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: Second Horizons Condominion Inc.  Name of Corporation  |  |  |  |  |  |
| DOCUMENT NUMBER: 7/1982   |  |  |  |  |  |
| 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:   |  |  |  |  |  |
| Name of Contact Person  Clear Sky Property Management.  Firm/Company  POBOX 42-16  Address  |  |  |  |  |  |
| Coral gabus fr 33114 - 42-16  City/State and Zip Code  Kurbay a clear sky management. com  E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:  KeTy M. U. bay  OName of Contact Person  at (305) 352-3414  Area Code & Daytime Telephone Number  |  |  |  |  |  |
| 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

| statement of cha   | inge is submitted for a corporation   | 17.0502, 607.1508, or 617.1508, Florida<br>organized under the laws of the State of  | ·   |
|--|---|--|---|
| in orde  | r to change its registered office or  | registered agent, or both, in the State of   | Florida.                                    |
| 1. The name of   | the corporation: Second Hou   | Cizons Condominion, INI.   | <del></del>                                 |
| 2. The principal   | office address: 1540 NC 19  | 11 st ST. MIAMI R 3377   | 23  |
| 3. The mailing a   | address (if different): P.O. B  | 0x 4216, Coral gables, Fi  | 33114-4216                                  |
| 4. Date of incorp  | poration/qualification: 12 - 20   | -1966 Document number: 7/19  | 782   |
| 5. The name and  |   | tered agent and registered office on file v  |   |
|  | Maax + Co LLC   |  |   |
|  | 6998 griffin  | ed.  |   |
|  | Davie R 33  | 3/4  |   |
| 6. The name and (if changed):  | •   | ed agent (if changed) and /or registered o   | 四级 平 一                                      |
|  | Clear Sky Proper  | ty Management  | · · · · · · · · · · · · · · · · · · ·       |
|  |   | Ave # 330  | _   |
|  |   |  |   |
|  | MIAMI R   |  | _   |
| The street address changed will  | ess of its registered office and the be identical.  | street address of the business office of i   | its registered agent,                       |
| Such change was authorized by the Horized by the Signature                                 | 1 1 1 1 1 1   | dopted by its board of directors or by an een notified in writing of the change.  Florence Lead  | officer so<br>oute Vice President           |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered ag<br>to comply with the provisions of a<br>my duties, and I am familiar with<br>is document is being filed merely<br>that the corporation has been not | ent and agree to act in this capacity.<br>Il statutes relative to the proper and co<br>and accept the obligation of my positio<br>to reflect a change in the registered offi<br>ified in writing of this change. | mplete<br>n as registered<br>ice address, I |
| Eleney   | M. Sleppe-<br>mature of Registered Agent  | 10/15/13<br>Date   |   |
| If signing on be   | chalf of an entity:   |  |   |
| Elena M  | Diegos<br>yped or Printed Name  |  |   |
|  |   | IG FEE: \$35.00 * * *  |   |
| M  |   | TO FLORIDA DEPARTMENT OF STATE<br>DNS, P.O. BOX 6327, TALLAHASSEE, FL  | 32314                                       |