709475

(Re	equestor's Name)	
(Ac	dress)	
,		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
_		_
PICK-UP	WAIT	MAIL
	rainaan Eulihaktaa	~~)
(Bt	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Certifica Copies		o o otatos
Special Instructions to	Filing Officer:	·
,	3	
		į
<u> </u>		

Office Use Only

Ship of s



900024932209

11/24/03--01063--017 **35.00

03 NOV 24 PM 4: 06
SLURGIANY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SKY LAKE Gardens No. 4 Jm. a Condominium (Name of corporation)
DOCUMENT NUMBER: 709475
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:
Eric M. Glozer (Name of person)
Glazer & Associaes, P.A. (Name of firm/company)
(Name of firm/company)
1920 E. Hallandale Boh Brud #800
Halandale, FL 33009 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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
to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sky Lake Gardens NO 4, Inc. a Condominium
2. The principal office address: 18700 N.E. 18th Avenue
N. Miami Beach, FL 33179
3. The mailing address (if different):
4. Date of incorporation/qualification: 8-19-65 Document number: 709475
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Brien Cailles Esquire
975 A 11 ()
M. 2 6 22 140 \$00
6. The name and street address of the new registered agent (if changed) and for registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Colorer and Associates, P.A. The I
1920 East Hollawale Breich Blvd. SEE S
(P.O. Box or personal mailbox NOT acceptable)
Hallandale, Flanda 33009
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.
town Cosp H. MASOUEZ
(Figure of an officer or director) (Printed or typed frame and little) I hereby accept the appointment as registered agent and agree to act in this capacity.
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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Eric Glazer President
(Typed or Printed Name) (Capacity)

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