

## 721866

CORAL HAVEN ASSOCIATION, INC.— P. O. BOX 650701 MIAMI, FLORIDA 33265-0701  (Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	ne)		
(Do	cument Number)	, <u> </u>		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			





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08/27/12--01004--013 \*\*35.00

8/28/12/2W RIA Chg 12 AUG 27 PH 3: 33

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga		
in order to change its registered office or regis		<u>·</u>
1. The name of the corporation: CORAL HAVEN	ASSOCIATION, INC	
2. The principal office address: 10016 SW 23RD	STREET MIAMI FL 33165 US	
3. The mailing address (if different): PO BOX 6507	701 MIAMI FL 33265 US	
4. Date of incorporation/qualification: 10/13/1971	Document number: 721866	
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	-	
CELLETYISLIC		
10016 Sw 13rd	<u>S</u> +.	
Miami, FL.3311	.5	<b>- - - - - - - - - -</b>
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	SEGRETAR ALLAHASS
CARLOS ORTEGA		
2060 SW 102 COURT		
P.O. Box NO		ORID ORID
MIAMI FL 33165		<b>2</b> Dr.
The street address of its registered office and the stree as changed will be identical.		
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been necessary.	ed by its board of directors or by an officer sotified in writing of the change.	60
Conlos Octes A Signature of an officer or director	Carlos Ortega, treasurer	
Signature of an office or director  I hereby accept the appointment as registered agent a. I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rehereby confirm that the corporation has been notified	itutes relative to the proper and complete accept the obligation of my position as regi flect a change in the registered office addre	istered ess, I
Carlos Ontesa	August 22, 2012	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name		
••	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)