## 728555

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
special Instructions to Filing Officer:  Tatricia a one permission  to add "old" + current"  R/A name on application  8/24  MM
Office Use Only



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SECRETARIASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations	
SUBJECT: The	e Roads Condominium	m Association  poration)
DOCUMENT N	umber: 728555	· .
The enclosed Stat	tement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all o	correspondence concerning this matter t	o the following:
	Patricia Alvarai (Name of Cont	do De Armas
	(Firm/Con	npany)
	3011 SW 1 AV	e #1
	(Addre	ss)
	Miami FL (City/State and	33129
For further inform	nation concerning this matter, please ca	
Patricia	Alvarado De Armas Name of Contact Person)	at (305) 793-894) (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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 Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: The Roads Condominum Apachments.	In
2. The principal office address: 3011 SW 1 Ave #1	<i>77 *</i> (
Miami FL 33129	
3. The mailing address (if different): 3011 SW 1 Ave # 1	
MIAMI FL 33129	
4. Date of incorporation/qualification: 12/28/73 Document number: 728555	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   Colingue =	
3011 5W 1 Ave	
Apt 11	•
Miami FL 33129 En 8	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Apt 1 5% 0 55 0	
(P.O. Box NOT acceptable)	
miami FL 33129	
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.	
(Signature of an other or director)  HAROLD FOX (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.	! -
PATRICIA ALVARADO DE ARMAS (Signature & 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