

729/49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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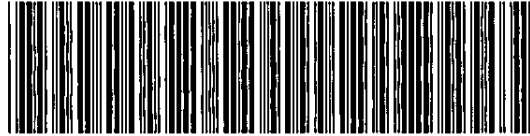
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 729149

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:

Stuart J. Nunez, Esq.  
Name of Contact Person

Law Office of Stuart J. Nunez, P.A.  
Firm/Company

10691 N. Kendall Drive, Suite 206  
Address

Miami, FL 33176  
City/State and Zip Code

snunez@snunezlaw.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Stuart J. Nunez, Esq. at ( 305 ) 405-7424  
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**

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: KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: C/O COURTESY PROPERTY MANAGEMENT  
13250 S.W. 135 Avenue, Miami, FL 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/14/1974 Document number: 729149
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Law Office of Stuart J. Nunez, P.A.  
7200 Corporate Center Drive, Suite 510  
Miami, FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Law Office of Stuart J. Nunez, P.A.  
10691 N. Kendall Drive, Suite 206  
Miami, FL 33176

P.O. Box NOT acceptable

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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] JAMES MARSHALL, TREAS.  
Signature of an officer or director 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.

[Signature] 5/18/2015  
Signature of Registered Agent Date

If signing on behalf of an entity:

Stuart Nunez  
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