736703

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Re la

COVER LETTER

| TO: Arnent Section Division of Corporations |
|--|
| SUBJECT: SHY LAKE VILLAS, INC., PHOSE I Name of Corporation |
| DOCUMENT NUMBER: 736 70 3 |
| 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: |
| DONALID IFIRST Name of Contact Person |
| SKY LAKE VILLAS TOC, PHASE 1 |
| 20461 NE 10th PLACE Address |
| MIAMI FLARIDA 33/79 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| DOMALD FIRST at (3.5) 653 6336 Name of Contact Person Area Code & Daytime Telephone Number |
| And code & Daytime Telephone Mulliber |
| 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. |
|---|
| 1. The name of the corporation: SHY LAHE VILLAS, INC., PHASE 1 |
| 2. The principal office address: 2046/ N.E. 10th Place |
| M/AMI, FEARIDA 33179 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 08/27/1976 Document number: 736.703 |
| 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) |
| BATZMAN GARFINGEL |
| 1501 NORTHWEST 49 STREET, SUITE 202 |
| FORT LAUDERDILE, FLORIDA 33309 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| DONALD FIRST |
| DONALD FIRST 20461 NE 10th PLACE P.O. Box NOT acceptable |
| MIAMI, FLURIDA 33179 |
| 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 officer or director OONALD FIRET PRES DIR |
| 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: |
| 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 CR2E045 (8/05)