

737588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

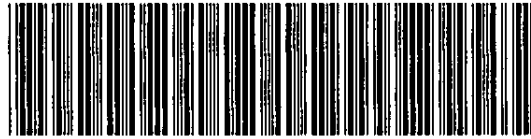
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

*RA Chang*

JUN 1 2012

T. LEWIS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bent Tree Parcel NO 1-C ASSOCIATION INC  
Name of Corporation

DOCUMENT NUMBER: 737588

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:

JOE SORDIN  
Name of Contact Person

Bent Tree Parcel NO 1-C ASSOCIATION INC  
Firm/Company

13000 SW 133 CT  
Address

MIAMI FL 33186  
City/State and Zip Code

Joens0@Bellsouth.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE SORDIN at ( 305 ) 259-6702  
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: Bent Tree Parcel No 1-C Association, INC.  
2. The principal office address: 13000 SW 133 ct  
MIAMI Florida 33186  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/17/1976 Document number: 737588

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)

ARMENGOL Loundes ESQ  
7850 NW 146 st Suite 424  
MIAMI LAKES Florida 33016 US

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

JOE SORDIA  
13000 SW 133 ct  
P.O. Box NOT acceptable  
MIAMI FLORIDA 33186

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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] \_\_\_\_\_  
Signature of an officer or director  
JOSE SORDIA PRESIDENT  
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] \_\_\_\_\_  
Signature of Registered Agent  
5/30/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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