11/12/2007 08:34 FAX 305448/30 DIVISION OF Corporations

## Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : CUEVAS & ORTIZ, P.A.

Account Number: I20030000123

Phone : (305)461-9500

Fax Number

: (305)448-7300

ä

## REGISTERED AGENT CHANGE

RIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.

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Eduardo Gaitan

## 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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered ayent, or both, in the State of Florida.

- 1. The name of the corporation: Caribbean Gardens Condominium Association. Inc.
- 2. The mailing address of the corporation; 12301 SW 132nd Court, Miami, Florida 33186
- 3. Date of incorporation/qualification: 08/09/1977 Document number: 739797
- 4. The name and address of the current registered agent and office:

## UNLIMITED PROPERTY MANAGEMENT **7655 NW 50 STREET** MIAMI\_FL 33166

The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

> CUEYAS, ANDREW ESO. CUEVAS & ORTIZ, P.A. 535 BILJMORE WAY CORAL GABLES, FL 33134

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 to authorized by the board. × 11-06-07 (Stand of in Officer, this ment to the many of the board) Having been named as registered agent and to accept service of process for the above stated corporation. 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 offmy duries, and I am familiar with and accept the obligation of my position as registered agent.

It signing on bohalf of an entity:

\* \* \* FTLING FEE: \$35.00 \*

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CR2F045(9/00) DIVESON OF CORPORATIONS P.O. BOX 6327 TALLAMASSE, FL 32314