741324

_	(Requestor's Name)				
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COVER LETTER

	dment Section on of Corporations					
SUBJECT:_	La Placid	a Homeowners Name of Cor	Association, Inc.			
DOCUMENT	NUMBER:	74	11324			
The enclosed S	Statement of Change	of Registered Office/	Agent and fee are submitte	ed for filing.		
Please return a	all correspondence con	ncerning this matter to	o the following:	-		
		· ·	J			
Russell M. Robbins, Esq. Name of Contact Person						
		Name of Coma	act Person			
Mirza Basulto & Robbins, LLP						
	· 	Firm/Com				
	14160 Palmetto Frontage Road, Suite 22 Address					
		Addres	88			
		Miami Lakos El	orido 22016			
Miami Lakes, Florida 33016 City/State and Zip Code						
rrobbins@mbrlawyers.com E-mail address: (to be used for future annual report notification)						
			,	,		
For further info	ormation concerning	his matter, please cal	1:			
F	Russell M. Robbins	s, Esq.	at (954)	510-1000		
	Name of Contact Per	son	at (<u>954</u>) Area Code & Daytim	e Telephone Number		
Enclosed is a \$	35.00 check made pa	yable to the Departme	ent of State.			
	P.O. Box 6	f Corporations 327	Street Address: Amendment Sec Division of Corp Clifton Building	porations		
	Tallahasse	e, FL 32314	2661 Executive			

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 S statement of change is submitted for a corporation organized under the laws of the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both, in the State of Financial in order to change its registered office or registered agent, or both in the State of Financial in order to change its registered office or registered agent, or both in the State of Financial in order to change its registered office or registered agent, or both in the State of Financial in order to change its registered agent.	Florida				
1. The name of the corporation: La Placida Homeowners Association, Inc.					
2. The principal office address: c/o Apogee Association Inc.					
3600 S. CONGRESS AVE SUITE K, BOYNTON BEACH FL 33426 US					
3. The mailing address (if different):					
4. Date of incorporation/qualification: 02/10/1987 Document number:	741324				
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	h the				
PEYTONBOLIN, PL					
4792 W. COMMERCIAL BLVD TAMARAC, FL 33319	ALE M				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
Mi rZa Basulto & Robbins, LLP	TO B M				
14160 Palmetto Frontage Road, Suite 22 P.O. Box NOT acceptable	10 :6 10 :6				
Miami Lakes, Florida 33016	ਲ= ੋਣ=				
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,				
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so				
Signature of an officer or director Printed or typed name and titl	e				
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 composition of my duties, and I/am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address. I hereb corporation has been notified in writing of this change. Signature of Registered agent. Date If signing on behalf of an entity:	plete performance l agent. Or, if this v confirm that the				
Russell M. Robbins, Esq., Partner Typed or krinted Name					
* * * FILING FEE: \$35.00 * * * MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE					
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 3 CR2E045 (8/05)	2314				