

741780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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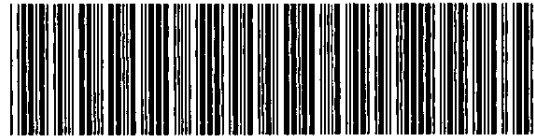
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

RA/RO/ch8  
@ 8/2/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TARACOMO TOWNHOMES CONDOMINIUM ASSOCIATION  
Name of Corporation

DOCUMENT NUMBER: 741780

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:

ELADIO VEGA  
Name of Contact Person

WEST KENDALL MANAGEMENT  
Firm/Company

13755 SW 84 ST  
Address

MIAMI, FL 33183  
City/State and Zip Code

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

For further information concerning this matter, please call:

ELADIO VEGA at ( 305 ) 388 0008  
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: TARA COMO TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 13755 SW 84 ST  
MIAMI, FL 33183
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/24/1978 Document number: 741780
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 OFFICES OF ALVAREZ, CARBONELL, FELTMAN  
2100 PONCE DE LEON BLVD STE 750  
CORAL GABLES, FL 33134

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

GARCIA LAW GROUP, P.A.  
2100 PONCE DE LEON BLVD STE 1045  
CORAL GABLES FL 33134

P.O. Box NOT acceptable

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

Mauricio Farinas  
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

7/27/12  
Date

If signing on behalf of an entity:

Barbara Garcia, Managing Director  
Typed or Printed Name

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

RECEIVED  
DIVISION OF CORPORATIONS  
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