

755658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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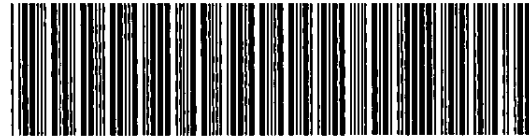
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R.A. Rolch
@ 6/28/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HORIZONS WEST CONDOMINIUM NO. 2 ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: 755658

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 SORDIA

Name of Contact Person

JOENSO PROPERTIES INC

Firm/Company

13000 SW 133CT

Address

MIAMI Florida 33186

City/State and Zip Code

Joenso@Bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE SORDIA

Name of Contact Person

at (305) 259-6202

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: THE HORIZONS WEST CONDOMINIUM NO 2 ASSOCIATION INC

2. The principal office address: 13000 SW 133ct
MIAMI FL 33186

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/23/1980 Document number: 755658

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 Street Suite 424
MIAMI LAKES FL 33016 US

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

JOE SORDIN
13000 SW 133 ct
P.O. Box NOT acceptable
MIAMI FL 33186

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SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS

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.

Rosario Puig Santiago ROSARIO PUIG SANTIAGO President
Signature of an officer or director 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 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314