## 757067

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: LAKEWOOD TOWNHOMES VILLA of Corporation	AS HOMEOWNERS ASSOCIATION, INC.
DOCU	JMENT NUMBER: 757067	
The en	iclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
STUAL	RT J. NUNEZ, ESQ.	
Name	of Contact Person	<del></del>
LAW (	OFFICE OF STUART J. NUNEZ, P.A.	
Firm/C	Company	<del></del>
10691	N. KENDALL DRIVE, SUITE 206	
Addre	SS	<del></del>
MIAM	I, FL 33176	
City/S	tate and Zip Code	
	SNUNEZ@SNUNEZLAV	W.COM
E-mai	l address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	blease call:
STU.	ART J. NUNEZ, ESQ.	at ( 305 ) 405-7424
	Name of Contact Person	at ( 305 ) 405-7424  Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	LANCONO TOWNHOMES WILL AS HOMEOWNEDS ASSOCIATION INC.
2. The principal of	office address: C/O RENOVATIONS PROPERTY MANAGEMENT
	10855 NW 33rd STREET, DORAL, FL 33172
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: 03/17/1981 Document number: 757067
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	3PM
	10855 NW 33 ST
	DORAL, FL 33172  DORAL of the new registered agent (if changed) and (or registered office).
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office?
	LAW OFFICE OF STUART J. NUNEZ, P.A.
	LAW OFFICE OF STUART J. NUNEZ, P.A.
	P.O. Box NOT acceptable
	MIAMI, FL 33176
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the corporation has been notified in writing of the change.    Column officer or director   Printed or typed name and title
I further agree to finy duties, and document is held corporation has	the appointment as registered agent and agree to act in this capacity.  o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this are filled merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.  The Date
If signing on be	half of an entity:
STUART J. NU	INEX
T	ped or Printed Name

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