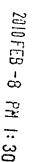
(Requestor's Name)	
(Address)	300
(Address)	300
(City/State/Zip/Phone #)	02/0;
PICK-UP WAIT MAIL	
(Business Entity Name)	<u>0</u>
(Document Number)	
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Pursuant to the provisions of sections 697.0502, 617.0502, 607.1508, or 617.7508, Florida Sta	itutes, this
statement of change is submitted for a corporation organized under the laws uf the State ofin order to change its registered office or registered agent, or both, in the State of Flor	
1. The name of the corporation: Causa Club Village Condo Bl	
2. The principal office address: 18001 ON CUTIES ROOM Sit	1+e 521
- Daimetto Bay #1 33157	
3. The mailing address (if different):	
40.00	. 1
4. Date of incorporation/qualification: 67/06/1483 Document number: 76928	4
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Dale C. Glassford	
12928 SW 133th Court Suite A	•
Miami #13318b	2010
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	10 FEB
BROUGH, CHADROW & LEVINE, P.A.	& 1 The second
1900 N COMMERCE PARKWAY	3 1
(P.O. Box NOT acceptable)	- ω
WESTON, FL 33326	` 0
The street address of its registered office and the street address of the business office of its registere as changed will be identical.	d agent,
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 of an attricer or afrequer) ADA DIAZ VP (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 camplete perfor of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed thereby to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change.	mance if this at the
(Manature of Registered Agent)	
If signing on behalf of an entity:	
, , , , , , , , , , , , , , , , , , ,	
(Typed or Printed Name)	

* * * FILING FEE: 535.00 * * *