

NO 0000000 6688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

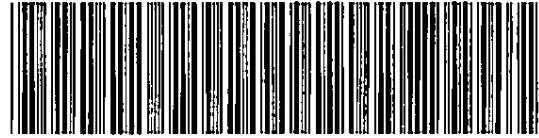
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLA ENCANTADA CONDOMINIUM NO. 2 ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000006688

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:

HUGO L. GARCIA, ESQ.  
Name of Contact Person

FLORIDA GENERAL COUNSEL, P.A.  
Firm/Company

3401 NW 82 AVE, SUITE 360  
Address

DORAL, FL 33122  
City/State and Zip Code

HGARCIA@GENERALCOUNSELFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO L. GARCIA, ESQ. at ( 305 ) 704-2500  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: VILLA ENCANTADA CONDOMINIUM NO. 2 ASSOCIATION, INC.
- 2. The principal office address: c/o CARIBBEAN PROPERTY MGMT  
12301 SW 132ND CT, MIAMI, FL 33186
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 10/09/2000 Document number: N00000006688
- 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)

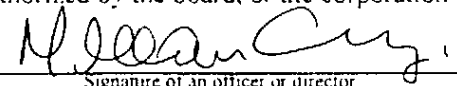
~~Carlos A. Triay, P.A.~~ SKRLD. INC.  
2301 NW 87TH AVE, SUITE 501  
DORAL, FL 33172

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- FLORIDA GENERAL COUNSEL, P.A.  
3401 NW 82 AVE, SUITE 360  
P.O. Box NOT acceptable  
DORAL, FL 33122

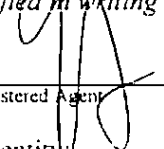
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

 MIRIAM A. CRUZ, 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.*

 1/17/22  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Hugo L. Garcia  
Typed or Printed Name

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