110/367

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

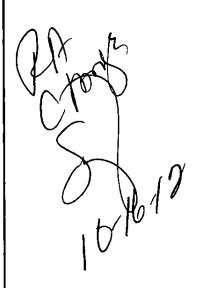
Office Use Only



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10/15/12--01027--022 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAINTENANCE ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: NO 1367
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:
ANTONIO VALCARCEL Name of Contact Person ANTONIO VALCARCEL, CPA, PA Firm/Company
7700 N. KENDMILL DK. #606
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A NTONIO VALCHR Ct L at (786), 253-1079 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

CR2E045 (03/12)

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
talement 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. LAKES OF THE MEAGEN VILLAGE HUMES
. The name of the corporation: MAINTENANCE ASSOCIATION, INC. CONDO#3
2. The principal office address: 7700 M. NEWORLL DR. #606
MIAMI, FL 33156
3. The mailing address (if different):
1. Date of incorporation/qualification: 2 (9 84 Document number: NO1367
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)
BROUGH, CHADROW & LEVINE, PA
1900 N. COMMERCE PARKWAY
WESTON, FL 33326
5. The name and street address of the new registered agent (if changed) and for registered office (if changed):
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. Homon Kios - President Signature of an officer or director
I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duttes, 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 of Registered Agent Signature of Registered Agent
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
CR2E045 (03/12)