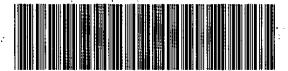
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TALLAHASSEE, FLORIDA

PARD Ch8

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	The Aston Condominium A Name of Corpor	ation
DOCUMENT NUMB	ER: N03000	000949
The enclosed Statemen	t of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all corres	pondence concerning this matter to th	e following:
		: :
<u></u>	Christopher Ce Name of Contact	edeno Person
·	MGC Manageme	ent, Inc.
	Firm/Compai	ny
<u>.</u>	3000 Coral V	Vay
·	Address	
		· ·
·	Miami, FL 33 City/State and Zi	3145
	City/State and Zij	o Code
	astonconnection@g	mail.com
E-1	nail address: (to be used for future	annual report notification)
•		
For further information	concerning this matter, please call:	
Chris	tonher Cedeno- — — — —	/ -305 586-6758 ···
Name o	of Contact Person	(305) 586-6758 — Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Department	of State.
i.e.		
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of rto change its registered office or registered agent, or both, in the State of Florida.	
	he corporation: The Aston Condominium Association, Inc. office address: 3000 Coral Way Miami, FL 33145	<u><</u>
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/04/2003 Document number: N0300000949	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)-	
	CUEVAS, ANDREW ESQ CUEVAS, ORTIZ & CUBAS, P.A.	
	7480 S.W. 40TH STREET, SUITE #600 MIAMI FL 33155	
,	**********Resigned	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office MGC Management, Inc.	IALLAHAGO
		ON CIPE T
	P.O. Box NOT acceptable	-
	Miami, FL 33145	Lexion.
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	_
	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
Wel	Melissa Burns Treasurer Printed or typed hame and title	
	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific provided in writing of this change.	
	06/03/2010 Date Date	
, -	chalf of an entity:	
Cł	pristopher Cedeno yped or Printed Name	

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