## N03000000949

(R€	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		



600187079476

105000187079476

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Office Use Only



## **COVER LETTER**

TO:		ent Section of Corporations		,
SUBJ	ECT:	The Aston Condomin	ium Association, Inc	·
DOC	UMENT NU	JMBER: NO	3000000949	
The e	nclosed State	ement of Change of Registered Of	fice/Agent and fee are subm	itted for filing.
Please	e return all co	orrespondence concerning this mat	tter to the following:	
		Ondi Name of 0	na Ayala Contact Person	
			ninium Association, Inc.	
			1 Street Suite #100 ddress	<u> </u>
		Miami, F City/State	lorida 33145 and Zip Code	·
	-	astonconde E-mail address: (to be used fo	o@gmail.com r future annual report not	ification)
For fi	ırther inform	ation concerning this matter, pleas	se call:	
	Na	Ondina Ayala	at ( 305 )	443-0870 time Telephone Number
Enclo		00 check made payable to the Dep	·	ume receptione (values)
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center Circle



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 29, 2010

ONDINA AYALA THE ASTON CONDOMINIUM ASSOCIATION, INC. 3000 SW 22ND STREET - SUITE #100 MIAMI, FL 33145

SUBJECT: THE ASTON CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000000949

We have received your document for THE ASTON CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 310A00025568



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

statement of cha	provisions 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 Florida r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: The Aston Condominium Association, Inc. office address: 3000 SW 22nd Street Suite #100
3. The maining ac	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 tment of State: (If resigned, enter resigned)
	MGC Management, Inc.
	3000 SW 22nd Street Suite #100 Miami, Florida 33145
	3000 SW 22nd Street Suite #100 Miami, Florida 33145  *******Resigned.
6. The name and (if changed):	street address of the new registered agent (it changed) and /or registered office
	Ondina Ayala
	3000 SW 22nd Street Suite #100
	P.O. Box NOT acceptable
	Miami, Florida 33145
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	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.
Signatur	Melissa Burns Treasurer Printed or typed name 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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
4.	dina ayale 11/4/2010.
/ -	nature of Registered Agent
If signing on be	half of an entity:
Tv	Ondina Ayala yood 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