

16300002845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 22 2016
T. LEAKS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PORTOFINO LAKES PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000002845

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:

PAUL A. MCKENNA, ESQ.

Name of Contact Person

PAUL A. MCKENNA & ASSOCIATES, P.A.

Firm/Company

703 WATERFORD WAY, SUITE 220

Address

MIAMI, FL 33126

City/State and Zip Code

PAUL@PMCKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH BARREIRO

Name of Contact Person

at (**305**) **662-9908**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

PAUL A MCKENNA
703 WATERFORD WAY STE 220
MIAMI, FL 33126

SUBJECT: PORTOFINO LAKES PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N03000002845

We have received your document for PORTOFINO LAKES PROPERTY OWNERS 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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 016A00011989

RECEIVED
16 JUL 12 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: PORTOFINO LAKES PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: C/O ALTON MADISON PROPERTY MANAGEMENT
381 N. KROME AVENUE, SUITE 205, HOMESTEAD, FL 33030
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/02/2003 Document number: N03000002845

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)

ALTON MADISON PROPERTY MANAGEMENT

381 N. KROME AVENUE, SUITE 205

HOMESTEAD, FL 33030

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAUL A. MCKENNA & ASSOCIATES, ESQ.


703 WATERFORD WAY, SUITE 220

P.O. Box NOT acceptable

MIAMI, FL 33126

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.

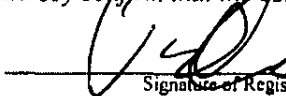


Signature of an officer or director

BRADLEY COMPTON, PRESIDENT

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.



Signature of Registered Agent



Date

If signing on behalf of an entity:

PAUL A. MCKENNA, ESQ.

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)

FILED
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TALLAHASSEE, FL