NO3000003881

Premier Design Homes In (Requestor's Name)	C.
11030 N. KENNALL DRIVE	
Suito 100	
(Address) (Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Office Use Only



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

Pursuant to the provisions of sections 607.0502, 617.05	02, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of	the State of Horida
submits the following statement in order to change its reg	gistered office or registered agent, or both, in
the State of Florida.	DIII
the State of Florida. 1. The name of the corporation: Bellamar at	Beachwalk II, Condominion
Itssociation fac.	
2. The mailing address of the corporation: 11030	N. Kendell Dr., Suite 100
Miami, Fl. 33176	
3. Date of incorporation/qualification: May 7, 20	03 Document number: <u>N0300000</u> 3
4. The name and address of the current registered agent an	
- Gabriel Villar	
11030 N Kendall	Or Suite 100 30
Miami Fl 3317	S OC
5. The name and address of the new registered agent (if ch	anged) and /or registered office (if changed):
(P.O. Box NOT Acc	eeptable)
Kamon Pallin	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
11030 N Kondell	Dr Svite 100 ST 50
Miami A 3317	Dr Svite 100 RIBA
The street address of its registered office and the street agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
(Signature of an Officer, chairman or vice chairman of the board)	Date
Tobe in Vazzuez - Treasur	er
Johnny Vazguez - Treasur (Printed or typed name and title)	· .
Having been named as registered agent and to accept set corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and accepts the complex control of the	rvice of process for the above stated ed agent and agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as
hallen	(0/ - 4.7
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity	. <i>v</i>
If signing on behalf of an entity. (Typed or Printed Name)	· '7
(Typed or Printed Name)	(Capacity)
* * * DIT INIC DEED. O	25.00 * * *
* * * FILING FEE: \$:	33.UU " " " " " " " " " " " " " " " " " "

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