

N03000003922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 17 AM 9:54

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R.A.

TB

6/18/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHIPPING VILLAS CONDOMINIUM ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** N03000003922

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:

Louis L. LaFontisee, Jr.  
Name of Contact Person

Firm/Company

3121 Commodore Plaza # 301  
Address

Miami, FL 33133  
City/State and Zip Code

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

For further information concerning this matter, please call:

Louis L. LaFontisee, Jr. at ( 305 ) 444-3121  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHIPPING VILLAS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2972 Shipping Avenue  
Miami, FL 33133
3. The mailing address (if different): 4012 IRVINGTON AVE  
Miami, FL 33133
4. Date of incorporation/qualification: 05/08/2003 Document number: N03000003922
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)

Clifford M Weinberger

2972 Shipping Ave

Miami, FL 33133

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

JOSIE WEST HIGGINS

4012 IRVINGTON AVE

P.O. Box NOT acceptable

Miami, FL 33133

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.

Josie West-Higgins  
Signature of an officer or director

\_\_\_\_\_  
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.*

Josie West-Higgins  
Signature of Registered Agent

5/28/09  
Date

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 (8/05)

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