

No 0000006553

(Rec Name)
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(City Ship/Phone #)

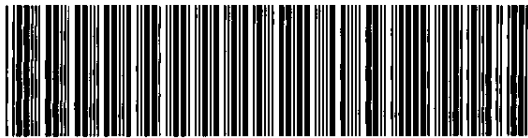
☐ PICK-UP ☐ WAIT ☐ MAIL

(Bu Entity Name)
(De Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Officer:

Use Only



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FBI

over 8/25/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Latterra Condo
Name of Corporation

DOCUMENT NUMBER: HO3000006553

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:

Cheryl Bailey
Name of Contact Person

May Management
Firm/Company

5455 A1A South
Address

St. Augustine, FL 32080
City/State and Zip Code

Cbailey@mayresort.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Bailey at (904) 584-1149
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Laterra Condominium Association, Inc.
2. The principal office address: 5455 AIA South
St. Augustine, FL 32080
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/31/03 Document number: NO3000006553

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)

Kim BaladKiewicz
Madison Property, 7643 Gate P Kwy, Suite 104,
Jacksonville, FL 32256

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

Anna Marks
5455 AIA South
P.O. Box NOT acceptable
St. Augustine, FL 32080

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.

Frank Acevedo
Signature of an officer or director

FRANK ACEVEDO - 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]
Signature of Registered Agent

8/22/11
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)