## N03000010242

Michael E. Rehr, Esq. 9500 So. Dadeland Blvd. Suite 550 Miami, FL 33156					
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PAChang 7/1/08

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

	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo		_		
in ord	er to change its registered office or regis	stered agent or both	in the State of Flo	orida	<del></del>
1. The name of	the corporation: Gables View Condo	ominium Associatio	on, Inc.		
2. The principa	office address: 1627 SW. 37th Aver	nue, Miami, FL 33	145		
		<u> </u>			
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 11/21/2003	Document nur	nber: N03000	010242	
	d street address of the current registered artment of State:	agent and registered of	office on file with	ı the	
	Samuel A. Persaud, PA.				
	201 N. Krome Avenue - S	uite 200		2:01	
	Homestead, FL			08 J	
6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /o	or registered offic	JUN 30	
	Michael E. Rehr, Esq			T	M
	9500 S. Dadeland Blvd - S			8: 4.9 STATE E 1:8	
	(P.O. Box NOT acceptable) Miami, FL 33156	e)		<u>&amp;</u>	
_	ess of its registered office and the stree l be identical.				nt,
Such change w authorized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directified in writing of	ectors or by an o the change.	officer so	
Stagnat	ure of an officer or director)	RICHARD (Prince	ERVERA,	Pres De	Wr.
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all sto an familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in thi stutes relative to the p ligation of my position he registered office a e.	is capacity. proper and comp on as registered address, I hereby	olete performar agent. Or, if t confirm that t	ıce his he
$\mathcal{N}$	49h		June 24,	2008	_
,	gnature of Registered Agent)		(Date)		
If signing on be	ehalf of an entity:				_
(	Typed or Printed Name)				
,	· ·				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*