1003749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lago Lindo # 1 Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03749

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:

ANTHONY NOBOA
Name of Contact Person

Florida's Property Management Group, Corp.
Firm/Company

5979 N.W. 151 Street Suite 101
Address

Miami Lakes, FL 33014
City/State and Zip Code

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

For further information concerning this matter, please call:

Anthony Noboa at (305) 370-9087
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

CR2E045 (8/05)

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: Lago Lindo # 1 Condominium Association, Inc.
2. The principal office address: 5979 N.W. 151 Street Suite 101
   Miami Lakes, FL 33014
3. The mailing address (if different): P O Box 167016
   Hialeah, FL 33016
4. Date of incorporation/qualification: 6/18/1984 Document number: N03749
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)
   Kaba & Associates, P.A.
   1840 W 49 Street Suite 235
   Hialeah, FL 33012
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   Law Offices of Lourdes Armengol
   7850 N.W 146th Street Suite 424
   P.O. Box NOT acceptable
   Hialeah, FL 33016

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.

PEDRO C. REQUENA — Signature of an officer or director

PEDRO C. REQUENA, 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.

Lourdes Armengol — Signature of Registered Agent

9/2/10 — Date

If signing on behalf of an entity:

Lourdes Armengol — 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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