NO4000004858

(Requestor's Name)				
(Address)				
(Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
. ` (Doc	ument Number)			
Certified Copies	Certificates	s of Status		
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RAKOCS



M 2-11-11

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CORAL SPRINGS ESTATES TOWNHOMES II CONF. Name of Corporation						
	N0400004858					
DOCUMENT NUMBER:						
The enclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:					
· SH	HARON REILLY					
Name of Contact Person						
SECRETARY						
Firm/Company						
10331 NW 33RD ST.						
	Address					
CORAL City	SPRINGS, FL 33065 /State and Zip Code					
City	Julia and Esp Code					
MARRIEDSI	HARON@YAHOO.COM					
E-mail address: (to be us	ed for future annual report notification)					
•						
For further information concerning this matter,	please call:					
SERCIO CARANCA	054 040 0770					
SERGIO GARNICA Name of Contact Person	at (954) 818-2776 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the	e Department of State.					
Mailing Address: Amendment Section	Street Address:					
Amendment Section Division of Corporat	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 323	· · · · · · · · · · · · · · · · · · ·					
rananassee, 115 525	Tallahassee, FL 32301					

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

statement of che	provisions of sections 607.03 ange is submitted for a corpo er to change its registered off	ration organized	under the laws of the State	_{e of} Florida
	the corporation: CORAL office address: 10331 NW			OMES II CONDOMINIUM 065 HESOCIATION, TOUR
	address (if different): P.O.B			
4. Date of incor	poration/qualification: 5	-13-04	Document number:	N04000004858
	d street address of the current rtment of State: (If resigned, a		and registered office on fi	le with the
	Orly Amor	<u> </u>		·
	2075 N. POWERLINE	RD. SUITE		
	POMPANO BEACH F	L 33069		E E
6. The name and (if changed):	d street address of the new reg	gistered agent (if	changed) and /or registere	d office
	Sharon Reilly			
	10331 NW 33rd Stree	P.O. Box NOT acce	ntable	 -
	Coral Springs, FI 3306			
The street addre	ess of its registered office an be identical.	d the street add	ress of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution on the board, or the corporation	duly adopted by has been notifie	its board of directors or bed in writing of the change	by an officer so
Signaja	re tran officer or director		Sergio Garnica	
l further agree i of my duties, an document is bei	the appointment as register to comply with the provision of I am familiar with and ac ng filed merely to reflect a c s been notified in writing of	is of all statutes cept the obligati change in the res	ree to act in this capacity relative to the proper and on of my position as regis gistered office address, 1 i	t i complete performance stered agent. Or, if this hereby confirm that the
SI	in by		02/02/20)11
Sig	nature of Registered Agent	_	Date	
If signing on be	half of an entity:			
T	yped or Printed Name			

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