

N04 0000 08154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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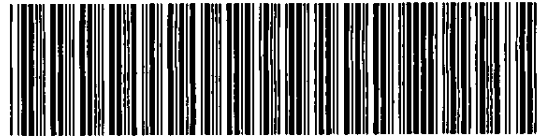
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Reserve at Isles At Bayshore HOA, Inc
Name of Corporation

DOCUMENT NUMBER: N04000008154

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:

Jennifer Perez
Name of Contact Person

M & E Associates of Miami
Firm/Company

13055 SW 42 St. Ste. 203
Address

Miami FL 33175
City/State and Zip Code

jennifer.perez@vestaforyou.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Perez at (305) 552-1855
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 (03/12)

APPROVED FOR PAYMENT

DATE: 5/7/13 INITIAL: [Signature]

CHECK #: _____ AMOUNT \$: 35.00

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: The Reserve at Isles at Bayshore HOA, Inc
2. The principal office address: N+E Associates of Miami
18005 SW 42 St. Ste. 203 Miami FL 33175
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 8/19/04 Document number: N04000008194
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)

Robert F. Cooke P.A.
8925 SW 148 St. Ste. 100
Palmetto Bay, FL. 33176.

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

x Robert F. Cooke PA
9245 SW 158 Ave Second Floor
P.O. Box NOT acceptable
Miami FL 33157

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.

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.

x [Signature]
Signature of Registered Agent

x 5-23-2013
Date

----- If signing on behalf of an entity: -----

Jennifer Perez
Typed or Printed Name
On behalf of the Board

*** 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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TALLAHASSEE, FLORIDA