## N04000010588

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## **COVER LETTER**

Division of Corporations
SUBJECT: The Village at Dolphin Commerce Center Owners Association, In
(Name of corporation)
DOCUMENT NUMBER: N04000010588
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:
Harold L. Lewis, Esquire
(Name of contact person)
TA OL
Pathman Lewis, LLP  (Firm/Company)  2 South Biscayne Boulevard, Suite 2400 FILED  (Address)
Pathman Lewis, LLP Property (Firm/Company)
Pathman Lewis, LLP (Firm/Company)  ASSET C. F.
2 South Biscayne Boulevard, Suite 2400 $\stackrel{+}{\leftarrow}$
(Address)
Miami, Florida 33131
Miami, Florida 33131 (City/state and zip code)
For further information concerning this matter, please call:
Toni Voyana
Lori Vergara at (305) 379-2425 (Name of contact person) (Area code & daytime telephone number)
(Trea code & day time telephone famoer)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314 Tallahassee, FL 32399

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: The Village at Dolphin Commerce Center Owners  Association, Inc.  office address: 5201 Blue Lagoon Drive, Suite 881  Miami, Florida 33126
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 11-19-2004 Document number: N04000010588
	street address of the current registered agent and registered office on file with the truent of State:
	Jim Shindell
	200 South Biscayne Boulevard, Suite 2500
	200 South Biscayne Boulevard, Suite 2500 Miami, Florida 33131
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Harold L. Lewis
	2 South Biscayne Boulevard. Suite 2400 (P.O. Box NOT acceptable)
	Miami, Florida 33131
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be balard, or the corporation has been notified in writing of the change.
(Sig giu	Ho. ) L. Lewis Johnnes officer (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed therely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(S)	nature of Registered Agent) (Date)
If signing on be	half of an entity:
	yped or Printed Name)
(*	),,

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