## N04000010631

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SECRETARY OF STATE

R.A. Change

TD 17-18 XM

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: Mariner Village of Martin County Condominium Association, Inc. (Name of Corporation)				
DOCU	MENT NUMBER: N04000010631				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Yolanda Lam (Name of Contact Person)				
	United Homes International, Inc. (Firm/Company)				
7975 NW 154 Street, Suite 400 (Address)					
	Miami Lakes, Florida 33016				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
Yoland	(Name of Contact Person) at (305 ) 558-2600 Ext. 310 (Area Code & Daytime Telephone Number)				
Enclose	ed 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				

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Mariner Village o	of Martin County Condominium Association, Inc.	
-	l office address: 7975 NW 154 Str es, Florida 33016	eet, Suite 400	
3. The mailing a	address (if different): 1111 SE Fe	deral Highway, Suite 100	
4. Date of incor	poration/qualification: 11/12/200	Document number: N04000010631	
	d street address of the current regis	stered agent and registered office on file with the	
	Patricia Kimball Fletcher, F	P.A.	
	200 S. Biscayne Blvd., St	uite 3400 _	
	Miami, Florida 33131	720	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office HASSEE, FLORID RESPECTABLE FLORID RECEIPTABLE FLORID RECEIP	TH
	Peter M. Hodkin, P.A.	SSEE P	1
	4901 NW 17th, Way	FLOR	-
	(P.O. Box NOT a	acceptable)	>
	ess of its registered office and the be identical.	adopted by its board of directors or by an officer so	1t,
Glace (Signation	Le Lam  ure of an officer or director)	Yolanda Lam - Secretary  (Printed or typed name and title)	_
I hereby accept I further agree to of my duties, an document is bei corporation hay	the appointment as registered as to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang to been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if th ge in the registered office address, I hereby confirm that th change.	ice his he
	E/h Holl	$\frac{12/13/07}{\text{(Date)}}$	_
	gnature of Registered Agent)  chalf of an entity:	(Date)	
Peter M. Hodi	·		
	Typed or Printed Name)	_	

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