

N05000000 322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

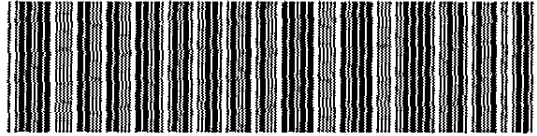
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**EDUARDO ANTON**  
Attorney at Law  
1385 Coral Way, Suite 406  
Miami, Florida 33145-2941  
Fax (305) 856-2070  
Telephone (305) 856-1233

November 22, 2006

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Coco View Villas Condominium Association, Inc.

Dear Sir or Madam:

Enclosed herewith you will find the Articles of Amendment and the Statement of Change of Registered Agent, together with my check for the fees. Please file.

Thanking you for your cooperation, I remain,

  
Very truly yours,  
EDUARDO ANTON

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** COCO VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** N05000000322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO ANTON

(Name of Contact Person)

EDUARDO ANTON ATTORNEY AT LAW

(Firm/ Company)

1385 CORAL WAY SUITE 406

(Address)

MIAMI, FLORIDA 33145

(City/ State and Zip Code)

For further information concerning this matter, please call:

EDUARDO ANTON

(Name of Contact Person)

at ( 305 ) 856-1233

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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**

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: COCO VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3159 Indiana Street, Miami, FL 33133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01-10-2005 Document number: N05000000322
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES DOW

3159 Indiana Street

Miami, FL 33133

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

MANUEL ROJAS

3159 Indiana Street

(P.O. Box NOT acceptable)

Miami, Florida 33133

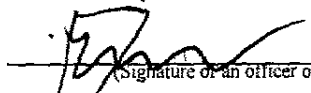
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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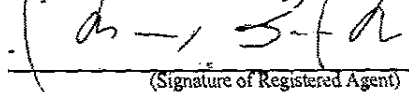
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 JAMES DOW  
(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.*

 11-20-06  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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  
CR2E045 (8/05)