

N05000003288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

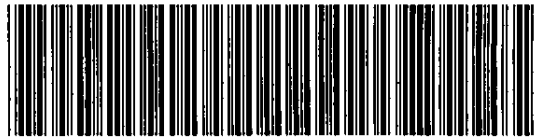
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TO: Amendment Section
Division of Corporations

SUBJECT: Floridian Isles II at Waterstone II Townhomes Homeeq
Name of Corporation

DOCUMENT NUMBER: N05000003288

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 Ann Coya, Esq.
Name of Contact Person

Joseph H. Ganguzza & Associates, P.A.
Firm/Company

1360 S. Dixie Highway, suite 100
Address

Coral Gables, FL 33146
City/State and Zip Code

Jennifer@jhglawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Ann Coya, Esq. at (305) 662-9908
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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Floridian Isles II at Waterstone II Townhomes Homeowners Association, Inc.
2. The principal office address: 1355 Waterstone Way
Homestead, FL 33033
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/30/2005 Document number: N05000003288

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)

SKRLD, INC.

201 Alhambra Circle, Suite 1102

Coral Gables, FL 33134

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

Joseph H. Ganguzza & Associates, P.A.

1360 S. Dixie Highway, Suite 100

P.O. Box NOT acceptable

Coral Gables, FL 33146

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.

LuAnne Fitzgerald
Signature of an officer or director

LUANNE FITZGERALD FT2
Printed or typed name and title PRESIDENT

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.

[Signature]
Signature of Registered Agent

10-30-09
Date

If signing on behalf of an entity:

Paul A. McKenna
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)

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