N05000006398	
(Requestor's Name) (Address) (Address)	300137915013
(City/State/Zip/Phone #)	11/17/0801036008 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2008 NOV 17 PH I SECRETARY OF ST TALLAHASSEE, FLO
Special Instructions to Filing Officer:	ATE 29
Office Use Only	

R.A. Change TB 1.19.15

COVER LETTER

Amendment Section Division of Corporations

5

TO:

SUBJECT: Philip Park Villas Condominium Association. Inc. (Name of Corporation)

DOCUMENT NUMBER: N05000006398

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:

Eugenio Duarte (Name of Contact Person)

Eugenio Duarte, P.A. (Firm/Company)

999 Ponce de Leon Blvd., Suite 735 (Address)

Coral Gables, FL 33134 (City/State and Zip Code)

For further information concerning this matter, please call:

Eugenio Duarteat (305)444-1958(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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 $\underline{F \mid 0 \lor 0}$ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Philip Park Villas Condominium Association. Inc.
- 2. The principal office address: 1805 Ponce de Leon Blvd., Suite 110, Coral Gables, FL 33134

3. The mailing address (if different):____

- 4. Date of incorporation/qualification: 06/21/2005 Document number: N05000006398
- 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)

Jeffrey R. Margolis, P.A. c/o Duane Morris, LLP

200 South Biscayne Blvd., Suite 3400

Miami, FL 33131

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

Villa Sales Center, Inc.

1805 Ponce de Leon Blvd., Suite 110

(P.O. Box NOT acceptable)

Coral Gables, FL 33134

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 bhard, or the corporation has been notified in writing of the change.

director)

Juan Carlos Menendez, 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.

Ignature of Registered Agent)

November 5, 2008

If signing on behalf of an entity:

Juan Carlos Menendez (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)