

N05000007670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

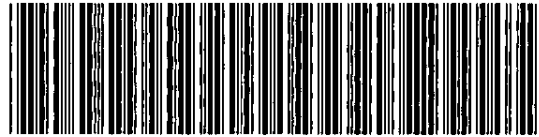
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 PM 12:06

T. Roberts FEB 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA HACIENDA COUNTRY CLUB OF MIAMI CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: NO5000007670

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:

Name of Contact Person: LINDSAY E. RAPHAEL, ESQ.

Firm/Company: TRIPP SCOTT, P.A.

Address: 110 SE 6TH STREET, 15TH FLOOR

City/State and Zip Code: FORT LAUDERDALE, FLORIDA 33314

For further information concerning this matter, please call:

Name of Contact Person: TARA M. HELLER

Area Code & Daytime Telephone Number: 954-627-3805

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

CR2E045 (8/05)

**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: LA HACIENDA COUNTRY CLUB OF MIAMI CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 18302 NW 68 AVENUE, HIALEAH, FLORIDA 33015
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/27/2005 Document number: NO5000007670
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

HIALEAH, FLORIDA 33015

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

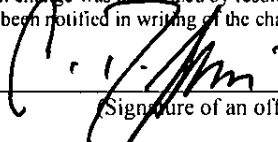
TRIPP SCOTT, P.A.

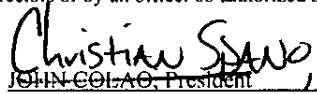
110 SE 6TH STREET, 15TH FLOOR

FORT LAUDERDALE, FLORIDA 33301

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

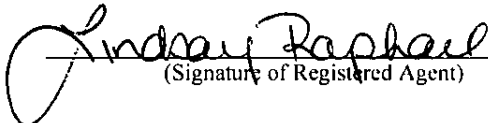
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)


JOHN COLAO, President
(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.


(Signature of Registered Agent)

1/12/09
(Date)

If signing on behalf of an entity:

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

LINDAY E. RAPHAEL, ESQ.
(Typed or Printed Name)
CR2E045 (8/05)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS
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