

N05000009496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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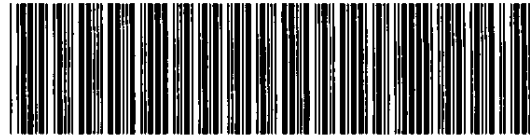
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

07R
8/14/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENCLAVE AT DORAL MASTER ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000009496

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:

Sylvia Glist

Name of Contact Person

The Enclave at Doral

Firm/Company

4300 N.W. 107th Avenue

Address

Doral, Florida 33178

City/State and Zip Code

mgratenclave@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvia Glist

Name of Contact Person

at **305 477-7870**

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 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: ENCLAVE AT DORAL MASTER ASSOCIATION, INC.
2. The principal office address: 4300 NW 107TH AVENUE, MIAMI FL 33178
3. The mailing address (if different): C/O THE CONTINENTAL GROUP, INC.,
5805 BLUE LAGOON DRIVE #310, MIAMI FL 33126
4. Date of incorporation/qualification: 09/14/2005 Document number: N05000009496
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)

ASSOCIATION LAW GROUP, P.L.

1666 KENNEDY CAUSEWAY, SUITE 305

NORTH BAY VILLAGE FL 33141 US

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

The Walton Law Firm, P.A. dba Walton Jones + Browne

1999 SW 27th Avenue, Miami, FL 33145

P.O. Box NOT acceptable

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.

Eduardo
Signature of an officer or director

EDUARDO ROQUE / V.P. SEC
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.

Carla Jones
Signature of Registered Agent

8/3/2012
Date

If signing on behalf of an entity:

Carla Jones
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 (03/12)

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