N05000010806

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Adi		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name	e)
`	•	,
(Do	cument Number)	
(D0	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filina Officer:	
•		
ı		
	<u></u>	





800112325298

11/19/07--01014--012 ***35.00

PILED

2007 NOV 19 PH 3: 19

SECRETARY OF STATE
ALLI AHASSEE FISTATE

R.A. Change

117727

COVER LETTER

TO: Amen Divisi	dment Section on of Corporations	
SUBJECT:_C	Dia Condominium Association, Inc.	oration)
DOCUMENT	NUMBER: N05000010806	
The enclosed	Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to	the following:
	Kenneth E. Walton, II	
	(Name of Contac	et Person)
Walton Jones + Browne (Firm/Company)		
	(
	1999 SW 27 Avenue	
	(Address	8)
	Miami, Florida 33145	
	(City/State and 2	Zip Code)
For further inf	formation concerning this matter, please call	:
Kenneth E. W	/alton. II	st (305 → 854-2233
	(Name of Contact Person)	at (305) 854-2233 (Area Code & Daytime Telephone Number)
Enclosed is a S	\$35.00 check made payable to the Departme	nt of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	ovisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Statutes, this we is submitted for a corporation organized under the laws of the State of Florida
	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: OLA CONDOMINIUM ASSOCIATION, INC.
2. The principal of	fice address: 17501 BISCAYNE BLVD., SUITE 300
	AVENTURA, FLORIDA 33160
3. The mailing add	ress (if different): C/O WALTON JONES + BROWNE
	- 1999 SW 27 AVENUE, MIAMI, FLORIDA 33145
4. Date of incorpor	ration/qualification: 10/19/2005 Document number: N05000010806
5. The name and st Florida Departm	reet address of the current registered agent and registered office on file with the tent of State:
<u>N</u>	MEYROWITZ, ANDREW C/O DCI ASSOCIATION SVCS.
· 	035 HARDING STREET, SUITE 200
H	IOLLYWOOD, FLORIDA 33020
6. The name and st (if changed):	O35 HARDING STREET, SUITE 200 IOLLYWOOD, FLORIDA 33020 reet address of the new registered agent (if changed) and /or registered office (ENNETH E. WALTON, II 999 SW 27 Avenue
· <u>×</u>	(ENNETH E. WALTON, II
1	999 SW 27 Avenue
	(P.O. Box NOT acceptable)
<u>, </u>	Mami, Florida 33145
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
A Signature	Rosena François, President
I hereby accept the I further agree to of my duties, and document is being corporation has b	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change.
Canets	Les Control 1/16/07 (Date)
If signing on beha	If of an entity:
(Тур	ed or Printed Name)

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

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

CR2E045 (8/05)