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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: VILLAS OF WEST BIRD CONDUMENTUM ASSOCIATION INC. Name of Corporation					
DOCUMENT NUMBER: NOSOCOOIO877					
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:					
SALVA DUR A. JURADO JR., ESQ. P.E. Name of Contact Person JURADO LAW GROUP P.A. Firm/Company G401 N.W. 74 AVE Address MEAMI FL 33166 City/State and Zip Code SALVA DUR G. JURA dulaw. Com E-mail address: (to be used for future annual report notification)					
E-man address. (to be used for fatale aimain report normeation)					
For further information concerning this matter, please call:					
SALVANOR A. JURANO JR. at (365) 594-4050 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 Amendment Section Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of chan	ovisions of sections 607.05 ge is submitted for a corpor to change its registered offi	ration organized under	the laws of the State of	Florida
1. The name of th	e corporation: VILLAS (F WEST BIRD	CONDUNINIUM	ASSOCIATION, INC.
2. The principal o	ffice address: 12350	SW 132 Ct,	Stelly , Min	M. Fl 33186
3. The mailing ad	dress (if different):			
4. Date of incorpo	oration/qualification:	//8/2005 Docu	ment number: <u>NOS</u>	200010877
	street address of the current ment of State: (If resigned,		gistered office on file v	with the
	Feldman, AN	LION ESQ		_
_	7700 N Ke	ndAll Drive	Ste 809	- 24 B
	Miami, F1	33156		
6. The name and (if changed):	street address of the new re	Egistered agent (if change of the Group) W 74 Are P.O. Box NOT acceptable	ed) and /or registered of \mathcal{F} . \mathcal{A}	TARY OF STATE ASSEEL FLORIDA
	Micim,			
as changed will Such change wa authorized by th	ss of its registered office ar be identical. s authorized by resolution of e board, or the corporation	nd the street address of	the business office of	
Signatur	e of an officer or director		Tina Moeinian, Pr	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as register o comply with the provision my duties, and I am familia s document is being filed m that the corporation has be	red agent and agree to ns of all statutes relativ ir with and accept the o perely to reflect a chang en notified in writing o	act in this capacity. e to the proper and co bligation of my position to the registered off this change.	mplete on as registered ice address, l
	<u> </u>		4-11-17	
2	half of an entity:		Date	
	A. June Tr. Ped or Printed Name			

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