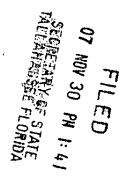
## 

(Requestor's Name) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





11/30/07--01028--008 \*\*35.00





## **COVER LETTER**

Division of Corporations
SUBJECT: 8300 Byron Aw Condominium Association (Name of Corporation)
DOCUMENT NUMBER: N 0500011657
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:
Maria Ruiz (Name of Contact Person)
8300 byrons Am Condominium Association
10300 SW 72 JF # 155 (Address)
Mianu F(33173 (City/State and Zip Code)
For further information concerning this matter, please call:
Muna + Ruit at (786) 546 16 (0 (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

TO:

**Amendment Section** 

## 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: 8300 byron Ave condominium Association	ļπ
2. The principal office address: 10300 5w 72 Jt = 15J	$\Gamma_0$
Manu + 32173	
3. The mailing address (if different): Sum.	
4. Date of incorporation/qualification: 11 7 65 Document number: NOSCOCO 11 65	[
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Maria Roiz	
10300 SW 72 14 4 DT	
niani 1 33173	•
6. The name and street address of the new registered agent (if changed) and /or registered officers (if changed):	
Cescy Barillas	
8264 NW. 1/5ct. Dord FC. 33178 (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.	
(Frinted or typed name and title) 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.	
11/27/07	
(Date)	
If signing on behalf of an entity:	
(Typed 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 \* \* \*