N05000012628

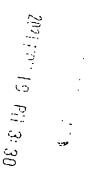
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TO:

TO:	Amendment Section Division of Corporations	
	s .	
SUBJ Name	ECT: FOREST LAKE PARADISE HOMEO of Corporation	WNERS' ASSOCIATION, INC.
DOC	UMENT NUMBER: N05000012628	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Caroli	ina Sheir, Esq.	
Name	of Contact Person	
Eising	er Law	
Firm/	Company	
4000 I	Hollywood Blvd, Suite 265-S	
Addre	ess	
-	wood, FL 33021	
City/S	State and Zip Code	
	csheir@cisingerlaw.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	orther information concerning this matter, p	please call:
Caroli	na Sheir. Esq	at (954)894-8000 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

1. The name of the	ne corporation: FOREST LAKE PARADISE HOMEOWNERS' ASSOCIATION,	INC.		
	office address: 381 N Krome Ave #205, Homestead FL 33030			
3. The mailing ac	ldress (if different):	 -		
	oration/qualification: 12/16/2005 Document number: N050000126			
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the		
_	Alfaro & Fernandez P.A.			
-	5801 NW 151 Street, Suite 305	=======================================		
<u>.</u>	Miami Lakes, FL 33014	<u>.</u> 4		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	()		
	Eisinger Law	2		
-	4000 Hollywood Blvd, Suite 265-S	. မှ မ		
P.O. Box NOT acceptable				
-	Tollywood FL. 33021			
The street addres as changed will b	s of its registered office and the street address of the business office of its re e identical.	egistered agent,		
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change.	icer so		
Plyriar	n Rayes Nyxiam Rayes-Pro Printed or typed nime and title	sident FLP HOA		
I hereby accept the further agree to of my duties, and document is being corporation has f	he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and comple I am familiar with and accept the obligation of my position as registered as g filed merely to reflect a change in the registered office address. I hereby complete in writing of this change.	ete performance gent. Or, if this onfirm that the		
Corp	Ante of Meditared Agent 11/5/2000			
If signing on beha	alf of an entity:			
	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 (04/13)