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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MARBELLA CONDOMINIUM Name of C	ASSOCIATION AT 8TH			
DOCUMENT NUMBER: N06	00000145			
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
ISEL 2	ISEL ZILKA			
Name of Co	ntact Person			
RITZ MANAG	EMENT INC			
RITZ MANAGEMENT, INC. Firm/Company				
P.O. BOX	(29-7255			
Add				
PEMBROKE PI	PEMBROKE PINES, FL 33029			
City/State ar	PEMBROKE PINES, FL 33029 City/State and Zip Code			
iselz@ritzmana	agement com			
iselz@ritzmanagement.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please of	rall:			
ISEL ZILKA	at (954) 662-8962			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depart	ment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
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			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508; Florida Stoinge is submitted for a corporation organized under the laws of the State of \overline{Fl} or to change its registered office or registered agent, or both, in the State of Flo	LORÍDA
.*	the corporation: MARBELLA CONDOMINIUM ASSOCIATION office address: 12890 NE 8TH AVENUE MIAMI FL 33161 US	ON AT 8TH AVENUE,
3. The mailing a	ddress (if different): P.O. BOX 29-7255. PEMBROKE PINES, FL 3	3029
4. Date of incorp	poration/qualification: 01/04/2006 Document number: N0	600000145
	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the
	BAKALAR & ASSOCIATES, P.A. (TERMINATED)	
,	150 SOUTH PINE ISLAND ROAD	d
	SUITE 540 PLANTATION FL 33324 US	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	BOID OCT 12 SLCRE MARY
:	LAW OFFICE OF JENNIFER R. JORGE, P.A.	PHI2:
	1566 CORAL WAY	7.
	P.O. Box NOT acceptable MIAMI FL 33145 US	ြို့် ပ
	ess of its registered office and the street address of the business office of its rebe identical.	
4	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. TNDIRA JACOWAIG Printed or typed name and title	_
of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply d I am familiar with and accept the obligation of my position as registered on filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. Date	lete performance agent. Or, if this confirm that the
	half of an entity: Selection Speed or Printed Name	
M.	* * * FILING FEE: \$35.00 * * *	
M.	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32	314

CR2E045 (8/05)