U06000002405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/7/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MONTEREY PROPERTY OWNERS' ASS'N., INC
Name of Corporation

DOCUMENT NUMBER: N06000002105

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:

ROBERTO C. BLANCH, ESQUIRE
Name of Contact Person

SIEGFRIED, RIVERA, LERNER, ET AL
Firm/Company

201 ALHAMBRA CIRCLE, SUITE 1102
Address

CORAL GABLES, FL 33134
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO C. BLANCH at (305) 442-3334
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
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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2010

ROBERTO C BLANCH
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134

SUBJECT: MONTEREY PROPERTY OWNERS' ASSOCIATION, INC.
Ref. Number: N06000002105

We have received your document for MONTEREY PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 210A00022272

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: MONTEREY PROPERTY OWNERS' ASSOCIATION, INC

2. The principal office address: c/o Miami Management, Inc., 1145 Sawgrass Corporate Parkway, Sunrise, FL 33323

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/24/2006 Document number: N06000002105

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CAMPBELL PROPERTY MANAGEMENT

1215 EAST HILLSBORO BLVD

DEERFIELD BEACH, FL 33441

10 OCT -4 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTED AND FILED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, INC.

201 ALHAMBRA CIRCLE, SUITE 1102
P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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.

Signature of an officer or director

Printed or typed name and title

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.

Signature of Registered Agent

9/24/10
Date

If signing on behalf of an entity:

LISA A. LERNER, SECRETARY
Typed or Printed Name

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

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

CR2E045 (8/05)