

NO6000003956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

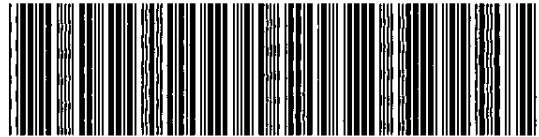
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASB
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A LAW FIRM DEVOTED PRIMARILY TO THE
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MONICA VELEZ

Firm Administrator
PAT HERRMOSA

January 27, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

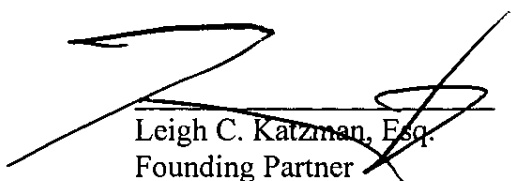
**Re: Seven Dwarfs Condominium Association, Inc.
Change of Registered Agent**

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL


Leigh C. Katzman, Esq.
Founding Partner

LCK:hap
Enclosures
cc: Property Manager

\\condo\boa\CLIENTS\Seven Dwarfs Condominium Assoc., Inc\INFO ASCLetter to Division of Corporations Enclosing Change of Registered Agent Form 01-27-09.wpd

AskTheFirm.com

1501 NW 49th Street, 2nd Floor, Fort Lauderdale, Florida 33309 T 954-486-7774 F 954-486-7782

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: Seven Dwarfs Condominium Association, Inc.
2. The principal office address: 2600 Jonagold Blvd.
Kissimmee, FL 34746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/10/2006 Document number: N06000003956

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joe Torres

2600 Jonagold Boulevard

Kissimmee, Florida 34746

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

Katzman Garfinkel, P.A.

1501 Northwest 49th Street, Suite 202

(P.O. Box or personal mailbox NOT acceptable)

Fort Lauderdale, Florida 33309

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, chairman or vice chairman of the board)

(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)

(Date)

If signing on behalf of an entity:

ERIC LAMORELLO

(Typed or Printed Name)

LEIGH C. KATZMAN

(Capacity)

01-27-09

FOUNDING PARTNER

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

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