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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

157/25/07 M/W

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 Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: MARTINIQUE AT MIRAMAR COMMUNITY ASSOCIATION, INC.	
2. The principal	office address: 8151 PETERS ROAD, CROSSROADS BLDG # 2, PLANTATION, FL 33324	
3. The mailing a	address (if different): SAME	
4. Date of incorp	poration/qualification: 04/11/2006 Document number: N06000004019	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	JEFFREY R. MARGOLIS, P. A.	
	200 SOUTH DADELAND BLDD., STE 3400	
	MIAMI, FLORIDA 33131	PINIS
6. The name and (if changed):	MIAMI, FLORIDA 33131 d street address of the new registered agent (if changed) and /or registered office BAKALAR & EICHNER, P. A. 150 SOUTH PINE ISLAND ROAD, SUITE 540 (P.O. Box NOT acceptable)	JUN OF I
	BAKALAR & EICHNER, P. A.	
	150 SOUTH PINE ISLAND ROAD, SUITE 540	
	(P.O. Box NOT acceptable) PLANTATION, FLORIDA 33324	ت
The street odds		
=	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Marlone	Uniform MARLENE SOHRAGER- PARE We of an officer or director) (Printed or typed name and title)	
I hereby accept I further agree of my duties, ar document is be corporation ha	t 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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change. Content Content	
If signing on be	ehalf of an entity:	
	EICHNER, P. A. (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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