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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Marina Mile Business Park Commercial Condominium Association III, Inc. (Name of Corporation)		
DOCUMENT NUMBER: N06000004851		
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:		
Raymond D. Mansfield (Name of Contact Person)		
(Addite of Contact Felson)		
(Firm/Company)		
400 Santa Clara Trail (Address)		
(Addiess)		
Wellington, Florida 33414 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Raymond D. Mansfield at (561) 762-8933 (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. Boy 6327 Street Address: Amendment Section Division of Corporations 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

	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 33146.
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Marina Mile Business Park Commercial Condominium Association III, Inc.
2. The principal	office address: 400 Santa Clara Trail, Wellington, Florida 33414
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 5/2/06 Document number: N06000004851
	d street address of the current registered agent and registered office on file with the rtment of State:
	Jeff E. Rubin, Esq.
	1320 South Dixie Highway, Ste. 881
	Coral Gables, Florida 33146
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Raymond D. Mansfield
	Raymond D. Mansfield
	400 Santa Clara Trail
	(P.O. Box NOT acceptable)
	Wellington, Florida 33414
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
X (Signat	RAYMON DINNE to r (Printed or typed name and title)
I hereby accept I further agree of my duties, an 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 nd 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 speen notified in writing of this change.
X 100	ignature of Registered Agent) (Date)
If signing on bo	ehalf of an entity:
	(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 * * *