ND6000005932

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SEP 0 2 2008

COVER'LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: Weston 55 Plus Master Association (Name of Corp	n, Inc.				
DOCI	UMENT NUMBER: N06000005932					
		Avent and for our submitted for filing				
	closed Statement of Change of Registered Office/					
Please	return all correspondence concerning this matter to	o the following:				
	Gary M. N	lars				
(Name of Contact Person)						
	•					
	Hyman Spector & Mars, LLP					
	(Firm/Com	pany)				
150 West Flagler Street, 27th Floor (Address)						
	(Audic:	55)				
	Miami, Florida 33130					
	(City/State and Zip Code)					
For fu	rther information concerning this matter, please cal	1:				
	Gary M. Mars	at (305) 371-4244				
-	(Name of Contact Person)	at (305) 371-4244 (Area Code & Daytime Telephone Number)				
Enclos	sed is a \$35.00 check made payable to the Departm	ent of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	rananassee, 11, 52517	Tallahassee, FL 32301				

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 State statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	rida		
The name of the corporation: Weston 55 Plus Master Association, Inc.			
2. The principal office address: 11355 SW 84th Street, Miami, Florida 33173	habbana na an		
3. The mailing address (if different): 11355 SW 84th Street, Miami, Florida 33173			
4. Date of incorporation/qualification: 06/01/2006 Document number: N06000005	932		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he		
Oscar L. Roiz			
11355 SW 84th Street			
Miami, Florida 33173	SECF	08 A	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	RETARY NHASSE	UG 25	
Gary M. Mars	E.F.	*	П
150 West Flagler Street, 27th Floor	STAT ORI	8: 2:	L
(P.O Box NOT acceptable) Miami, Florida 33130	DA		
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board of the corporation has been notified in writing of the change.			
Render of an Alberta Purchase L. B. HERM	+ N		
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 compl of my duties, and I am familiar with and accept the obligation of my position as registered adcument is being filed merely to reflect a change in the registered office address, I hereby a corporation has been notified in writing of this change.	ete perfoi igent. Or confirm ti	rmance , if this hat the	
(Stefnature of Registered Agent) August 12, (Date)	<u>~</u> ∞న		
If signing on behalf of an entity:			
(Typed or Printed Name) * * * F11.ING 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)