N06036

Panache Homeumers Association
(Requestor's Name)
Panache Homeumers Association (Requestor's Name) 40 The Continental Group III (Address)
(Address)
11981 SW 144 Court, Suite 201 (Address) Miami, F/ 33186 (City/State/Zip/Phone #)
(Address)
Mami, F/ 33186
(City/State/Zip/Phone #)
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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: Panacha Homeowners Association, Inc
2. The principal office address: 11981 5W 144 h Crt Suite 201
MIam) FL 33186
3. The mailing address (if different):
4. Date of incorporation/qualification: 11107184 Document number: N 06036
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)
Siegfried, Rivera, Lernar, de la Torre \$5.
8211 West Broward Blud, Suite 250 = 5
Plantation FL 33334. 器当
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Diegfried, Rivera Jerner, de la Torre 80
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 charge 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 Signature of an officer or director Signature of an officer or director Vivia Schnerden 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 neglified in writing of this change.
Date 18 Residence Agent 08/03/2009
If signing on behalf of an entity:
Darnelly Ocompo (Property Honaser)
Typed of Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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