

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** San Michele Andros Isles Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000000532

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:

Alexis Gonzalez  
Name of Contact Person

LAW OFFICE OF ALEXIS GONZALEZ, P.A.  
Firm/Company

3162 Commodore Plaza, Suite 3E  
Address

Coconut Grove, FL 33133  
City/State and Zip Code

alexis@aglawpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Gonzalez at (305) 223-9999  
Name of Contact Person 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. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
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 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: San Michele Andros Isles Condominium Association, Inc.
2. The principal office address: 8901 Okeechobee Blvd, West Palm Beach, FL 33411
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/17/2007 Document number: N07000000532

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) [changed]

Corporation Company of Miami  
201 S. Biscayne Blvd, Suite 1500  
Miami, FL 33133

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

AGE RE SERVICES, LLC.  
3142 Commodore Plaza, Suite 3E  
COCONUT GROVE, FL 33133

P.O. Box NOT acceptable

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 or director

Leticia Cienza, President  
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

August 6, 2013  
Date

If signing on behalf of an entity:

Alexis Gonzalez  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)