

Feb. 12. 2005 11:46 AM

ND7000000532

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LAW OFFICE OF ALEXIS GONZALEZ, P.A.
Account Number : I20140000097
Phone : (305)223-9999
Fax Number : (305)223-1880

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: alexis@aglawpa.com

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Division of Corporations
Florida Department of State
Tallahassee, Florida

REGISTERED AGENT CHANGE

SAN MICHELE ANDROS ISLES CONDOMINIUM ASSOCIATION, IN

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

ARM
2-13-15

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, Florida 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

Name of Contact Person

at (305) 223-9999

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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)

3DM Consulting, LLC

13054 SW 133 Court

Miami, Florida 33186

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

AGE RE SERVICES, LLC

3162 Commodore Plaza, Suite 3E

P.O. Box NOT acceptable

Coconut Grove, Florida 33133

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 agent

Leticia Citeria, 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

1/29/15
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

CR2ED45 (03/12)

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TALLAHASSEE, FLORIDA

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