

AD7000000730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

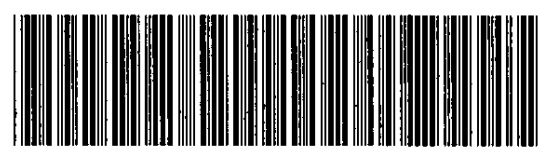
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NUEVA ANDALUSIA MASTER ASSOCIATION INC
(Name of Corporation)

DOCUMENT NUMBER: N 07000000730

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:

MARTINEZ GISELA

(Name of Contact Person)

(Firm/Company)

529 GREENBRIER AVE

(Address)

CELEBRATION FL, 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTINEZ GISELA

(Name of Contact Person)

at (407) 566 9492

(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: NUEVA ANDALUSIA MASTER ASSOCIATION INC
2. The principal office address: 529 GREENBREIER AVE;
CELEBRATION FL, 34747
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/22/2007 Document number: N07000000730
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
FITZGERALD MIRANDA F.
215 N. FOIA DR
ORLANDO FL 32801 USA

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

SANCHEZ CIRIACO T.
529 GREENBRIER AVE.
(P.O. Box NOT acceptable)
CELEBRATION FL, 34747

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 Officer or Director)

SANCHEZ CIRIACO 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)

08 / 18 / 2008

(Date)

If signing on behalf of an entity:

(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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA