N0700002810

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Ac | ldress) | | | |
| (Ac | ldress) | | | |
| (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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TALLAHASSEE, FLORIDA

JUL 29 2015 T CANNON



Lilliana M. Farinas-Sabogal, Esq. Shareholder

Phone: (305) 351-1077 Fax: (305) 442-2232

lfarinas@bplegal.com

121 Alhambra Plaza, 10th Floor Coral Gables, Florida 33134

July 20, 2015

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Re: Miller Lake Condominium Association, Inc.

Document No. N07000007810

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check #1108 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely

Liffiana M. Farinas-Sabagal

For the Firm

LXIF/lh

ACTIVE: M21/143/364376:7361078_1_

www.bplegal.com care@bplegal.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. | - | | |
|---|---|-----------|-------------|--|
| | the corporation: Miller Lake Condominium Association, Inc. | | | |
| 2. The principal office address: 5450 SW 77 Court, Miami, FL 33155 | | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorporation/qualification: 08/08/2007 Document number: N07000007810 | | | | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | | | |
| | Martin, Carlos F., Esq; Becker & Poliakoff, P.A. | | | |
| | 121 Alhambra Plaza, 10TH FL | | SEC | |
| | Coral Gabies, FL 33134 | | | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | JUL 28 PH | ARY OF | |
| | Becker & Pollakoff, P.A. | 2: | HO. | |
| | 121 Alhambra Plaza, 10th Floor | 80 | TEA | |
| | P.O. Box NOT acceptable | | | |
| | Coral Gables, FL 33134 | | | |
| The street addr as changed will | ess of its registered office and the street address of the business office of its registered age be identical. | ent, | | |
| Such change wanthorized by t | as authorized by resolution duly adopted by its board of directors or by an officer so he board for the corporation has been notified in writing of the change. | | | |
| Signati | THE ERNETO BUSTAMANTE DIRECT | to/ | | |
| I hereby accept I further agree performance of agent. Or, if the hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete invaluies, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change | | | |
| | gnature of Redistered Agent Date | | | |
| <u>_h/</u> | chalf of an entity: | | | |
| | Typed or Fringed 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)