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COVER LETTER

Division of Corporations						
SUBJECT: Fontainbleau Lakes Greenspace Maintenance Assoc						
DOCUMENT NUMBER: N07000007819						
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:						
Frank Silva, Esquire Name of Contact Person						
Name of Contact Person						
Shoma Group Firm/Company						
. ma company						
3470 NW 82nd Avenue, Ste. 988						
Address						
Doral, Florida 33122						
City/State and Zip Code						
fsilva@shomagroup.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Frank Silva, Esquire at (786) 437-8674 Name of Contact Person Area Code & Daytime Telephone Number						
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

TO:

Amendment Section

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

	provisions of sections 607. ange is submitted for a corp		· · · · · · · · · · · · · · · · · · ·		
in orde	er to change its registered o	office or registered	agent, or both, in the St	tate of Florida.	
1. The name of	the corporation: Fontain	<u>ıbleau Lakes</u>	Greenspace Ma	aintenance	Assoc., Inc
2. The principal	office address: 3470 NV	V 82nd Avenue	, Suite 988, Doral,	FL 33122	
-					
3. The mailing a	nddress (if different):				<u></u> _
4. Date of incor	poration/qualification:	08/08/2007	_ Document number:	N07000	007819
	I street address of the curre tment of State: (If resigned		and registered office or	n file with the	
	Masoud Shojaee			<u></u>	
	3470 NW 82nd Aver	nue, Ste. 988			
	Doral, FL 33122				72 Wig
6. The name and (if changed):	I street address of the new t	registered agent (if	changed) and /or registe	ered office	VISION OF CO.
	Frank Silva, Esquire				
	3470 NW 82nd Aven	ue, Suite 988			Programme and the second
	D E 00400	P.O. Box NOT acco	ptable		e #
	Doral, FL 33122	<u></u>			
The street addre as changed will	ss of its registered office a be identical.	and the street add	ress of the business off	ice of its registe	red agent,
Such change wa authorized by th	as authorized by resolution ne board, or the corporatio	n duly adopted by in has been notifie	its board of directors o	or by an officer s	30
Mugue	e of arrolluser or director		Printed or typed na	Cttong D	ilector
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registe o comply with the frovision of I am familiar with and a ng filed marely to reflect a been notified in writing o	ered agent and agons of all statutes accept the obligate the change in the refithis change.	ree to act in this capac relative to the proper c on of my position as re gistered office address,	city, and complete pe gistered agent. I hereby confir	rformance Or, if this m that the
			3.2.12		
	lature of Registered Agent		Date		
If signing on be	half of an entity:				
TRANK	// SCUA /ped or Printed Name				

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