10700011348

(Requestor's Name)	300209106153		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	06/27/1101007023 **35.00		
(Document Number)			
Certified Copies Certificates of Status			
Special instructions to Filing Officer:	ZIN JUN 27 A SECRETARY OF TALLAHASSEE.		
	AMII: 17		

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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJ	ECT:	Pembroke C	ay Condomir Name of C	nium Association,	Inc.	
DOC	UMENT NI	UMBER:	N07	000011348		
The er	iclosed Stat	ement of Change of	f Registered Offic	e/Agent and fee are subr	nitted for filing.	
Please	return all c	orrespondence cond	cerning this matter	to the following:		
			Lisa A. Lerr Name of Co	ner, Esquire ntact Person		
		Siegfried, F	Rivera, Lerner, l Firm/Co	De La Torre & Sobe	l <u>, P.A.</u>	
	201 Alhambra Circle, Suite 1102 Address					
		-	Coral Gable: City/State an	s, FL 33134 Id Zip Code		
	-	kskocz E-mail address:	zdopole@miam (to be used for fi	nimanagement.com uture annual report no	tification)	
For fu	ther inform	ation concerning th	is matter, please c	all;		
	Lis	a A. Lerner, Esc	quire	at (305)	442-3334	
	Na	me of Contact Pers	on	Area Code & Day	442-3334 time Telephone Number	
Enclos	ed is a \$35.	00 check made pay	able to the Depart	ment of State.		
		Mailing Add Amendment Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address Amendment of Clifton Build 2661 Execute Tallahassee,	Section Corporations ling ive Center Circle	

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Fl ed under the laws of the Sto ed agent, or both, in the Sta	ate of Florida	
1. The name of	the corporation: Pembi	roke Cay Co	ondominium Associ Orate Parkway, Sunris	ation, Inc.	
3. The mailing	address (if different):				
4. Date of incor	poration/qualification;	11/26/07	Document number:	N07000011348	
	d street address of the curr runent of State: (If resigne		ent and registered office on	file with the	
	Miami Managemen	t, Inc.			
	1145 Sawgrass Co	rporate Parkw	ay		
	Sunrise, Florida 33	323			
6. The name an (if changed):	d street address of the new	registered agent	(if changed) and /or register	SECRETARY ALLAHASSE	
	SKRLD, Inc.			27	-
	201 Alhambra Circle	e, Suite 1102 P.O. Box NOT a	Coentable		TRAME
	Coral Gables, FL 33		ecepuote		فيرسيس
The street address changed will	ess of its registered office l be identical.	and the street ac	dress of the business offic	e of its registered agent,	
Such change wathorized by t	as authorized by resolution the boards or the corporation of the corpo	on duly adopted to on has been notif	oy its board of directors or fied in writing of the chan	by an officer so ge. A PKILL	nt
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regist to comply with the provising I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and ions of all statute accept the oblige a change in the of this change.	Printed or typed nar agree to act in this capaci es relative to the proper ar ation of my position as reg registered office address,		
_	chalf of an entity:		Date		
_ Lisa	A. Lerner, Secretary yped or Printed Name	 _			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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