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## **COVER LETTER**

TO: Amendment Section Division of Corporations

suвjест: Fontainbleau Lak	xes Courtyards W Name of Corporat	est Condomini	um Association, In
DOCUMENT NUMBER:	N080000	02154	
The enclosed Statement of Change of	Registered Office/Agen	t and fee are submitte	ed for filing.
Please return all correspondence conc			_
•		Ü	
	Frank Silva, Esc	uire	
· · · · · · · · · · · · · · · · · · ·	Name of Contact Pe	erson	
	01 000		
	Shoma Grou Firm/Company	p	
	rirm/Company	,	
34.	70 NW 82nd Avenue	Suite 088	
	Address	, Suite 300	<del></del>
	, 144.055		
	Doral Florida 3	2122	
	Doral, Florida 33 City/State and Zip 0	Code	<del></del>
	failus@ahamagra.u		
F-mail address:	fsilva@shomagroup to be used for future a	D.COM	eation)
L-man address.	to be used for fature a	ппиат героп поппе	ation)
For further information concerning this	s matter, please call:		
Frank Silva, Esqu	ire at (	786 <sub>)</sub>	437-8674 e Telephone Number
Name of Contact Person	n Z	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.00 check made paya	able to the Department o	f State	
	or is the population of		
Mailing Add	ress:	Street Address:	
Mailing Add Amendment		Street Address: Amendment Sect	
	Corporations	Division of Corp	
P.O. Box 63		Clifton Building	
Tallahassee,	FL 32314	2661 Executive	
		Tallahassee, FL	32301

## 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 ange is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Fontainbleau Lakes Courtyards West Condominium Associa
2. The principal	office address: 3470 NW 82nd Avenue, Suite 988, Doral, FL 33122
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 3.4.2008 Document number: N08000002154
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Julio Cabrera
	3470 NW 82nd Avenue, Suite 988
	Doral, FL 33122
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Frank Silva, Esquire
	Frank Silva, Esquire
	3470 NW 82nd Avenue Suite 988
	P.O. Box NOT acceptable
	Doral, FL 33122 99 27 27 27 27 27 27 27 27 27 27 27 27 27
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Symphy	Printed or typed hame and title
I hereby accept I further agree t of my duties, and document is beil corporation has	the appointment arregistered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familial with and accept the obligation of my position as registered agent. Or, if this ng filed melely to reflect a change in the registered office address, I hereby confirm that the been forfied in writing of this change.
	3.2.12
	patere of Registered Agent Date
If signing on be	half of an entity:
FRANK	SILVA  vped or Printed Name
1)	* * * 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)