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Amendment Section

Name of Contact Person

TO:

Divisio	on of Corporations		
SUBJECT:	MONTEREY VILLAGE-TWO CONDOMINIUM	ASSOCIATION, INC.	
	Name of Corporation	en	
	·		
DOCUMENT	59-2243849 	NUMBER	:
The enclosed S	Statement of Change of Registered Office/Agent a	and fee are submitted for filing.	
Please return al	ll correspondence concerning this matter to the fo	ellowing:	
	CARLA A. JONES, ESQ.		
	Name of Contact Per	son	
	WALTON JONES & BROWNE	Firm/Company	
	550 NE 124 STREET	Address	
	NORTH MIAMI, FL 33161 City/State and Zip Co	ode	
	carla@wjblegal.com		
	E-mail address: (to be used for future an	nual report notification)	
For further info	ormation concerning this matter, please call:		
	CARLA A. JONES, ESQ.	at (786-230-1091)	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section **Division of Corporations** Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations P.0 Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301

CR2E045 (03/12)

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: MONTEREY VILLAGE-TWO CONDOMINIUM ASSOCIATION, INC.			
2. The principal office a	address: MIAMI MANAGEMENT, INC.		
	14275 SW 142 Avenue, Miami Florida 33186		
3. The mailing address	ss (if different): SAME AS ABOVE		
4. Date of incorporat	ion/qualification: 03/21/2011 Document number: 59-2243849		
	eet address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned) THE WALTON LAW FIRM, P.A.		
	1999 SW 27 AVENUE, FIRST FLOOR		
MIAMI, FL 33145			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office CARLA A. JONES, ESQ.		
	550 N.E. 124 STREET		
	NORTH MIAMI, FL 33161		
			

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 adop by the board, or the corporation has been notified in	oted by its board of directors or by an officer so authorized writing of the change.			
Signature of an officer or director	Printed or typed name and title			
of my duties, and I am familiar with and accept the o	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the			
Signature of Stegistered Agent	01/25/15 - 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

(03/12)