

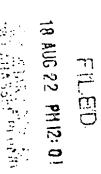
(Requestor's Name)
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RIF CH

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge 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.
1. The name of	the corporation: THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INCOMING office address: 3934 S.W. 8TH STREET, STE 303, CORAL GABLES, FL 3313
2. The principal	office address: 3934 S.VV. 6111 STREET, STE 303, COTAL GABLES, TE 3313
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/20/1987
	d street address of the current registered agent and registered office on file with the runent of State: (If resigned, enter resigned)
	De Posada, P.A. , Savage
	8603 SO. Dixie Highway, Suite 218
	MIAMI, FL 33143
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 77 Matthew Estevez, P.A.
	Matthew Estevez, P.A. 9600 NW 25th Street, Ste 2A
	9600 NW 25th Street, Ste 2A
	P.O. Box NOT acceptable Doral, FL 33172
The street addr	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Bignati	DANIA ROUCH Printed or typed name and title
	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 my duties, and I am familiar with and accept the obligation of my position as registered is 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.
Sij	After The The The Total Transfer Tot
	chalf of an entity:
	eur Blevez
	Typed or Printed Name

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