N 38409

(Re	equestor's Name)			
(Ad	idress)			
(Ac	ldress)	····		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations				
The Alhambra at Coral Lakes Homeowners Association, Inc.				
Name of Corporation				
DOCUMENT NUMBER: N30409				
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:				
Carlos A. Triay				
Name of Contact Person				
Carlos A. Triay PA				
2301 NW 87 Avenue #501				
Address				
Miami, FL 33172				
City/State and Zip Code				
cat@cattriay.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Carlos A. Triay,305 \. 597-8944				
Carlos A. Triay Name of Contact Person at (305) 597-8944 Area Code & Daytime Telephone Number				
Enclosed is a S35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floi hange is submitted for a corporation organized under the laws of the Stat	
	iange is suomitica for a corporation organizea unaer the taws of the Stat ler to change its registered office or registered agent, or both, in the Stat	
	f the corporation: The Alhambra at Coral Lakes Homeowners' A	•
1. The name of	the corporation: 12301 SW 132 Court Miami El 23196	199001011, 1110.
2. The principal	al office address: 12301 SW 132 Court, Miami, FL 33186	
3. The mailing a	address (if different): P.O. Box 830273, Miami, FL 33283	-0273
4. Date of incor	rporation/qualification: 01/30/1989 Document number: N3	0409
	nd street address of the current registered agent and registered office on fi artment of State: (If resigned, enter resigned)	le with the
	Albert Puentes	
	8637 NW 3 Street	
	Miami, FL 33126	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registere	ed office ISP 15
	Carlos A. Triay	ST
	2301 NW 87 Avenue #501	
	P.O. Box NOT acceptable Miami, FL 33172	— 9 1. 13
The street address changed will	ress of its registered office and the street address of the business office	of its registered agent,
	vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change	
*_ 11 1ma	Albert Puentes, Pres	
i iuriner aarea	the appointment as registered agent and agree to act in this capacity, to 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 if my duties, and I am familiar with and accept the obligation of my poshis document is being filed merely to reflect a change in the registered in that the corporation has been notified in writing of this change.	Complete
Sig	ignature of Registered Agent Date	014
If signing on be	chalf of an entity: Typed or Printed Name	

* * * FILING FEE: 535.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)