

N39504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

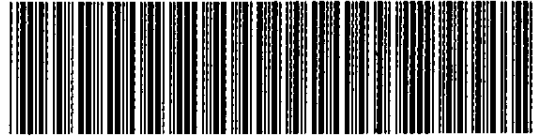
(Business Entity Name)

(Document Number)

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OCT 25 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change

DC

11-03-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2011

ALBERT E. ACUNA, ESQ.  
ALBERT E. ACUNA, P.A.  
782 NW 42ND AVE., STE. 343  
MIAMI, FL 33126

SUBJECT: ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION,  
INC.  
Ref. Number: N39504

We have received your document for ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

IN ORDER TO CHANGE THE REGISTERED AGENT FOR THE CORPORATION, A REGISTERED AGENT CHANGE FORM MUST BE FILED WITH OUR OFFICE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 011A00024527

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ADAMO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N39504

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:

ALBERT E. ACUNA ESQ.

Name of Contact Person

ALBERT E. ACUNA, P.A.

Firm/Company

782 N.W. 42<sup>ND</sup> AVE STE 343

Address

MIAMI FL 33126

City/State and Zip Code

AEACUNA @ AEAPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT E. ACUNA

Name of Contact Person

at (305) 548-5020

Area Code & Daytime Telephone Number

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

RECEIVED

11 NOV -2 AM 9:40

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CR2E045 (8/05)

**Mailing Address:**

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

**Street Address:**

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

ATTN: DARLENE CONNELL

**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: ADAGIO AT THE HAMMOCKS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: C/O MARATHON PROPERTIES, 11502 SW 149 PATH,  
MIAMI, FL 33196
3. The mailing address (if different): C/O MARATHON PROPERTIES, P.O. Box 960636  
MIAMI FL 33296
4. Date of incorporation/qualification: 8/14/1990 Document number: N39504
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SKRLD, INC.  
201 ALHAMBRA GIRCLE, STE 1102  
CORAL GABLE FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALBERT E. ACUNA P.A.  
782 NW 42ND AVE, STE 343  
MIAMI FL 33126

P.O. Box NOT acceptable

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TALLAHASSEE, FL 32314

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 adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

LUIS CANINO  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

10-27-11  
Date

If signing on behalf of an entity:

ALBERT E. ACUNA  
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 (8/05)