## 19300004809

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

OVD ID OT	Lino Lago No	7 Condomin	ium Associa	ation Inc				
SUBJECT: Uno Lago No. 7 Condominium Association, Inc.  Name of Corporation								
DOCUMENT N	UMBER:	N930	000004809					
The enclosed Stat	ement of Change of	Registered Office	Agent and fee a	re submitted for filing.				
Please return all o	orrespondence conce	erning this matter	to the following	:				
	Karen Parker Name of Contact Person							
Uno Lago No. 7 Condominium Association, Inc. Firm/Company								
	801 Uno Lago Drive Address							
Juno Beach, FL 33408 City/State and Zip Code								
drosen@seacrestservices.com  E-mail address: (to be used for future annual report notification)								
For further inform	nation concerning this	s matter, please ca	ll:					
Na	Karen Parker ame of Contact Person	n	at ( 561 Area Code	) 625-4202 & Daytime Telephone Number				
Enclosed is a \$35	.00 check made payal	ble to the Departn	nent of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Ameno Divisio Cliftor 2661 E	Street Address: 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

statement of cha	provisions of sections 607. inge is submitted for a cor or to change its registered o	poration organizea	l under the laws of the Stat	te of Florida				
1. The name of	the corporation: Uno La	igo No. 7 Coi	ndominium Associ	<u>iation, Inc</u>				
2. The principal	office address: 801 Unc	Lago Drive, Jυ	ino Beach, FL 33408	3				
3. The mailing a	ddress (if different):							
4. Date of incorp	poration/qualification:	11/14/2008	Document number:	N93000	004809			
	I street address of the curre tment of State: (If resigned		and registered office on fi	ile with the				
	Hilley & Wyant-Cort	ez, P.A.			<b>E</b>			
	North Palm Beach,	FL 33408			15 SS			
6. The name and (if changed):	I street address of the new	registered agent (if	changed) and /or registere	ed office	M 1 20			
	801 Uno Lago Drive	,						
	P.O. Box NOT acceptable							
	Juno Beach, FL 334							
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.								
Thom	as R. Mias.	· · · · · · · · · · · · · · · · · · ·	THOMAS R. M.					
<del>-</del>	the appointment as regist the appointment as regist to comply with the provist of I am familiar with and ing filed merely to reflect been notified in writing the R. Mills.	tered agent and ag ions of all statutes accept the obligat a change in the re of this change.		y. d complete po istered agent. hereby confir	erformance Or, if this rm that the			
THOMO	half of an entity:  A Mall of an entity:		Date					

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