

N94 000000559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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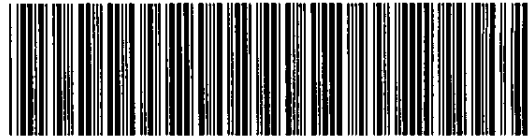
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Island at Spring Valley Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N94000000559

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:

Sue Jordahl

Name of Contact Person

Shir Law Group PA

Firm/Company

1800 NW Corporate Blvd., Suite 200

Address

Boca Raton, FL 33431

City/State and Zip Code

sue@shirlawgroup.com

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

For further information concerning this matter, please call:

Guy M. Shir, Esq.

Name of Contact Person

at (561) 999-5999

Area Code & Daytime Telephone Number

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

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

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: The Island at Spring Valley Owners Association, Inc.
2. The principal office address: c/o Miami Management, Inc.
1145 Sawgrass Corporate Parkway, Sunrise, FL 33323
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/26/1994 Document number: N94000000559
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)

Bakalar & Associates, PA

150 S. Pine Island Road, Suite 540

Plantation, FL 33324

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

Shir Law Group, PA

1800 NW Corporate Boulevard, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33431

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TALLAHASSEE, FLORIDA

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 of an officer or director

Ayala Layan - Slamm property

Printed or typed name and title
manager

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.

P. J. Smith

Signature of Registered Agent

7/2/2015

Date

If signing on behalf of an entity:

Shir Law Group PA

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)