

N940000002315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Point Lake Condominium Association Two.
Name of Corporation

DOCUMENT NUMBER: N94000002315

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:

BARBARA ROSAS

Name of Contact Person

BRS PROPERTY MANAGEMENT

Firm/Company

8785 SW 1659th STE 200

Address

MIAMI FL. 33193

City/State and Zip Code

BRSPM @ HOTMAIL.COM

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

For further information concerning this matter, please call:

BARBARA ROSAS at (786) 347.2722
Name of Contact Person 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: Point Lake Condominium Association Two
2. The principal office address: 8785 SW 165 AVE STE 200
MIAMI FL 33193
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/9/1994 Document number: N94000002315
5. The name and street address of the current registered agent and registered office to file with the Florida Department of State: (If resigned, enter resigned)

EDO MELONE
900 SW 40th AVE
MIAMI FL 33317

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

BARBARA ROSAS
8785 SW 165 AVE STE 200
P.O. Box NOT acceptable
MIAMI FL 33193

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DIVISION OF CORPORATIONS

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

Orlando Dague
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 of Registered Agent

10/17/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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