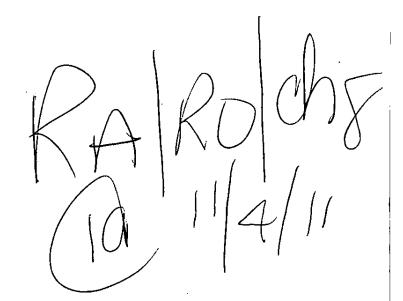
Moria Victoria (Requestor's Name)	Arias	
201 Almora (Address)	ircla	
Suite 1102 (Address)		
Corcy Gabes, H. 33134 (City/State/Zip/Phone #)		
PICK-UP WAIT	<u></u>	
(Business Entity Na	me)	
(Document Number)		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of	
•	er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Keys Gate Consominium No. EIGHT ASSOCIATION	ı
2. The principal	office address: 1541 SE 12 Avenue Ste # 37	
	Homestead, FL 33034	
3. The mailing ac	ddress (if different):	
·		
4. Date of incorp	poration/qualification: 05/23/1995 Document number: N9500000 2458	
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Miami Management, Inc	
	1541 SE 12 Avenue Ste # 37	
	Homestead, FL 33034	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	SKLRD, INC	
	201 Alhambara Circle Ste #1102	
	P.O. Box NOT acceptable P.O. Box NOT acceptable Coral Gables, FL 33134	
The street address as changed will	ess of its registered office and the street address of the business office of its redistered agent.	
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
Signature	e of an officer or director Printed or typed name and title	J
I heroby accept to I further agree to of my duties, and document is being corporation has	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 complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
sy: Later Sign	nature of Registered Agent 7. Date	
If signing on beh	half of an entity:	
Lisat	4. Lerner	
	ped or Printed Name	

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