(Requestor's Name)			
(Address)	900189035509		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	01/04/1101026013 **35		
(Business Entity Name)			
(Document Number)	,		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	in the second se		

Office Use Only





**35,00

COVER LETTER

ĩ	TO:	Amendment Section
		Division of Corporations*

×

SUBJECT: San Mateo Se	Name	of Corporation	
DOCUMENT NUMBER:	<u> </u>	N96000002268	<u> </u>
The enclosed Statement of Change	e of Registered	Office/Agent and fee are s	ubmitted for filing.
Please return all correspondence c	oncerning this n	natter to the following:	
		ler G. Bernal	
	Name o	of Contact Person	
		t Corporation	
	Fir	m/Company	
	PO E	BOX 170057	
		Address	
		ni FL 33017	
	City/Sta	ate and Zip Code	
wi	lder.bernal@	sinetcorporation.com	
E-mail addres	s: (to be used:	for future annual report	notification)
For further information concerning	this matter, ple	ease call:	
Wilder G. Be		at (786)	704-6616
Name of Contact P	erson		Daytime Telephone Nu

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

112/30/10

CR2E045 (8/05)

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			07.1508, or 617.1508, Flori under the laws of the State	
			agent, or both, in the State	
1. The name of	the composition: San Mi	aten Second	Addition Homeown	ers Association, Inc
	office address: 18840 N		/ todation / nombown	oro / tooo olation, into
2. The principal		Florida 33015		
3. The mailing a	ddress (if different): PO	BOX 170057 M	liami Florida 33017	
<u></u>				
4. Date of incorp	poration/qualification:	04/26/1996	_ Document number:	N96000002268
	I street address of the curre tment of State: (If resigned	~ ~	and registered office on file	with the
	Terra Association M	anagement Se	rvices, Inc.	
	2189 West 60 Stree	et, Suite 201		
	Hialeah FL 33016 U	S		— Nage
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or registered	Offices Services
	Wilder G. Bernal			_ =
	18840 NW 80th CT			SE S
		P.O. Box NOT acce	ptable	
	Hialeah Florida 3301	15		
The street address changed will	ss of its registered office be identical.	and the street addi	ress of the business office of	f its registered agent,
Such change was authorized by the	s authorized by resolution te board, or the corporation	n duly adopted by on has been notifie	its board of directors or by d in writing of the change.	an officer so
Signatur	e of an officer or director	C	Printed or typed name as	President
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as regist o comply with the provisi of I am familiar with and to no fited merely to reflect been notified in writing o	tered agent and ag ons of all statutes accept the obligati a change in the reg of this change.	ree to act in this capacity relative to the proper and o on of my position as regist gistered office address, I he	
	112		12/30/10	······································
	nature of Registered Agent		\ Date	
itsigning on be	half of an entity:	λ		
T\	ped or Printed Name	,		

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