

N99000003920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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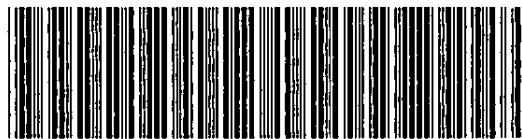
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change

JUN 1 2012

T. LEWIS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bent Tree Commercial Park I Condominium Association INC  
Name of Corporation

DOCUMENT NUMBER: N 99 000 00 3920

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:

JOE SORDIA

Name of Contact Person

JOENSO PROPERTIES INC

Firm/Company

13000 SW 133 ct

Address

MIAMI Florida 33186

City/State and Zip Code

JOENSO@Bellsouth.NET

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

For further information concerning this matter, please call:

JOE SORDIA

Name of Contact Person

at ( 305 ) 259-6202

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: Bent Tree Commercial Park 1 Condominium Association, Inc.
2. The principal office address: 13000 SW 133ct MIAMI FL 33186
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/25/1999 Document number: W9900000 3920

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)

ARMENGOL Lourdes Esquine  
7850 NW 146 st Suite 424  
MIAMI LAKES FL 33016

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

JOE SORDIN  
13000 SW 133ct  
P.O. Box NOT acceptable  
MIAMI FL 33186

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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]  
Signature of officer or director

Sordin Jose E Director  
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]  
Signature of Registered Agent

5/30/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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