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(Red	uestor's Name)				
(Add	iress)				
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(City	/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Bus	iness Entity Name)				
(Doc	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to F	iling Officer:				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVÈR LETTER

Division of C	Corporations			
TEDI	RA ASSOCIATION MA	NACEMENT SERV	ICES	
SUBJECT: TEN	Name of	f Corporation	ICLO _E	
DOCUMENT NUM	BER: PC	0000024486		
The enclosed Statem	ent of Change of Registered Of	fice/Agent and fee are subm	itted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:		
Teresa Llauger Name of Contact Person				
	Name of 0	Contact Person		
	Tawa Association	Managament Caprica		
Terra Association Management Service Firm/Company				
	2189 West 60	Street Suite 201		
-		ddress		
		h FL 33016		
City/State and Zip Code				
	terrasry	@aol.com		
E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, pleas	se call:		
_		225		
	eresa Llauger	at (305)	826-6606 time Telephone Number	
1 vann	or comact roison	Thou code at Buy	time reteptione realities	
Enclosed is a \$35.00	check made payable to the Dep	partment of State.		
	Mailing Address:	Street Address	<u>s:</u> .	
	P.O. Box 6327	Clifton Build	•	
Nam	e of Contact Person check made payable to the Dep Mailing Address: Amendment Section Division of Corporations	Area Code & Days partment of State. Street Address Amendment S Division of C	<u>s:</u> Section Corporations	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2010

TERESA LLAUGER
TERRA ASSOCIATION MANAGEMENT SERVICE INC
2189 WEST 60 STREET - SUITE 201
HIALEAH, FL 33016

SUBJECT: TERRA ASSOCIATION MANAGEMENT SERVICES, INC.

Ref. Number: P00000024486

We have received your document for TERRA ASSOCIATION MANAGEMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00012712



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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registerea	rporation organizea	under the laws of the	State of Florida	
1. The name of t	•	A ASSOCIAT	ION MANAGEN	MENT SERVICES, I	NC (
	ddress (if different): Sar				
4. Date of incorp	poration/qualification;	03-09-2000	_ Document number:	P00000024486	
	street address of the cur tment of State: (If resign		and registered office	on file with the	
	Tereso LIC	wger			0
	7600 West 20 Ave	Suite 217		10 1	ECR.
	Hialeah FL 33016			JO HAY 27	
6. The name and (if changed):	street address of the nev	v registered agent (in	changed) and /or regi	stered office P	YOF SH
	teresa The	auger			RIFA
	2189 West 60 Stre				
	Hialeah FL 33016	P.O. Box NOT acc	ергавле		
The street addre	ess of its registered offic be identical.	e and the street add	ress of the business o	ffice of its registered agent,	ļ
Such change was authorized by the	as authorized by resolution board, or the corporate	on duly adopted by ion has been notific	its board of directors ed in writing of the ch	or by an officer so lange.	
Levis Signatur	re of an officer or director 224	<u>. </u>	Teresa Llau	ger / President	
-		istered agent and a sions of all statutes d accept the obligat t a change in the re g of this change.		acity r and complete performance registered agent. Or, if thi. ss, I hereby confirm that the	e s ?
/11/2	Mud	· 	05-0	7-2010	
_	nature of Registered Agent	,	Dat	c	
it signing on be	half of an entity:				
7 ere	yped or Printed Name	01-			

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