P800084752

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Amendment Section Division of Corporations

TO:

			•	
SUBJECT:	AG LAKE TERI Name of C	Corporation		
DOCUMENT NUMBER:_	P08	000084752		
The enclosed Statement of Ch	ange of Registered Offic	ce/Agent and fee are su	ibmitted for filing.	
Please return all corresponder	ice concerning this matte	er to the following:		
ANGEL GARCIA Name of Contact Person				
	Name of Co	ontact Person		
,	AG LAKE TE	RRACE, INC.		
	Firm/Company			
	0700 M ELAOLE	-D OT OUTE 000		
		ER ST. SUITE 390 Iress		
	· t	11035		
		NDID & 00474	•	
	City/State a	PRIDA 33174 nd Zip Code	<u> </u>	
	aalakotorraaa	@yahaa aam		
E-mail ad	aglaketerrace dress: (to be used for f	future annual report	notification)	
		•	,	
For further information concer	ming this matter, please	call:		
ANGEL G	ARCIA	at (305)	220-4100	
Name of Conta		Area Code & D	Paytime Telephone Number	
Enclosed is a \$35.00 check ma	ide payable to the Depar	tment of State.		
	ng Address:	Street Add	re <u>ss:</u>	
	ndment Section	Amendme	nt Section	
	ion of Corporations	Division o Clifton Bu	f Corporations	
	hassee, FL 32314		nding utive Center Circle	

Tallahassee, FL 32301

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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 617.1 statement of change is submitted for a corporation organized under the laws of in order to change its registered office or registered agent, or both, in	f the State of Florida
1. The name of the corporation: AG LAKE TERRACE, INC.	·
2. The principal office address: 8700 W. Flagler St. Suite 390, Miami,	FL 33174
3. The mailing address (if different): same as above	
4. Date of incorporation/qualification: 9/16/2008 Document num	ber: P08000084752
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	fice on file with the
ANGEL GARCIA	
1200 Brickell Bay Drive- Unit 3208	
Miami, FL 33131	
6. The name and street address of the new registered agent (if changed) and /or (if changed):	registered office HASSE
8700 W. Flagler Street, Suite 390	
P.O. Box NOT acceptable	996
Miami, FL 33174	
The street address of its registered office and the street address of the business changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	ctors or by an officer so the change.
Signature of director Printed or	President typed name and title
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the profine duties and flam familiar with and accept the obligation of my position document is being fled merely to reflect a change in the registered office accorporation has been notified in writing of this change.	capacity. roper and complete performance n as registered agent. Or, if this ldress, I hereby confirm that the
Fignature of Registered Agent	ay 23, 2011
If signing on behalf of an entity:	- Marie
Typed or Printed Name	

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