## 706869

| (Re                                     | questor's Name)   |             |
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| (Ad                                     | dress)            |             |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nar | me)         |
| (Do                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
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Charge

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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: MICHGUN MANDE COMPONIATION ASSOCIATION   |
| DOCUMENT NUMBER: 706869   |
| 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:                     |
| (Name of Contact Person)  |
| RONDO M Smith RA (Firm/Company)   |
| III Uniolu Rd Ste #400<br>(Address)   |
| MIAMI BOOK & 33135<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                  |
| (Name of Contact Person) at (307) 531-1800 (Area Code & Daytime Telephone Number)             |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |

Mailing Address: Amendment Section

Amendment Section

TO:

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 the State of in order to change its registered office or registered agent, or both, in the State of Florida.  |
|--|
| 1. The name of the corporation: MICHEAN MANOR CONDOMINION TWO  2. The principal office address: 1550 MichiCAW Ave MIAMI But F  |
| 33139  |
| 3. The mailing address (if different): 111 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |
| m 1 am 13ch + 7 33131  |
| 4. Date of incorporation/qualification: 2.21.64 Document number: 70669   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Rence M Smith Esq  |
| Ado uncolval state = = 1   |
| MIAMI BCh F 33137 2 5 1  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Level M Smith Esq 3  |
| (P.O. Box NOT acceptable)  |
| MIAMI Bon f 33139  |
| 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.  |
| Product Rense Sulth (Printed or typed name and title)  |
| Lhereby 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 fited merely toreflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 9.2.08   |
| (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name)  |

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