710368

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(- Ja Nama)	
THIRD MOORINGS CONDO. CORP. 1501 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FLORIDA 33179	<u> </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Dusiness Entity Name)	
(Business Entity Name)	
(Document Number)	
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SEGRETARY OF STATE
TALLAHASSEE, FLORID

X08/14/07

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingerial submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
 The name of the control of the principal of the control of the contr	he corporation: Third Moorings Condominium, Inc. Board of Directors Office office address: 1501 Miami Gardens Drive
	North Miami Beach, Florida 33179
3. The mailing ac	ddress (if different): SAME
4. Date of incorp	oration/qualification: 02/15/1966 Document number: 710368
	street address of the current registered agent and registered office on file with the timent of State:
	Shendell & Associates, P.A.
	street address of the current registered agent and registered office of the with the timent of State: Shendell & Associates, P.A. 3650 North Federal Highway, Suite 202
	Pompano Beach, Florida 33064
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Randall K. Roger & Associates, P.A.
	621 NW 53rd Street, Suite 300
	(P.O. Box NOT acceptable) Boca Raton, Florida 33487
=	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
H, Ma (Signatu	wda re of an officer or director) Gale Prawda president (Printed or typed name and ville)
I further agree of my duties and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Field U. Fig	Adjuste of Registered Agent) 11/28/07-
If signing on be	half of an entity:
RANDAI	yped or PHINTED Name) P.A.

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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