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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: EIGHTH MOORINGS CONDOMINIUM INC. (Name of Corporation)						
DOCUMENT NUMBER: 7/3206						
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:						
Reinaldo Castellanos, Esq. (Name of Contact Person)						
Reinaldo Castellanos, P. A. (Firm/Company)						
9960 Bind Road (Address)						
MIAMI Florida 33165 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Reinaldo Castella Nos at (305) 223-8744 (Name of Contact Person) (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 60 statement of change is submitted for a co					
in order to change its registered	office or register	ed agent, or	both, in the Si	ate of Florida.	
1. The name of the corporation: E191 2. The principal office address:	hTH MOO	RIN95	Condom	MUIUNI , 7	FNG.
2. The principal office address:	18787	NE	14 14	AVENUE	· <b>-</b>
	NONTH	MIAMI	BEACH,	F1. 33.	179
3. The mailing address (if different):					<u></u>
4. Date of incorporation/qualification:	08-17- 67	Docum	ent number: _	7/3206	,
5. The name and street address of the cur Florida Department of State: (If resign	ed, enter resigned	)			
S <u>#</u>	LAin, C	CESAL	C	<u></u>	o DIVIG
					SER. 9FE
MIA					B 23
6. The name and street address of the new (if changed):	v registered agent	(if changed)	) and /or regist	ered office	SION OF CORPORATION SION OF EB 23 AM II: 11
Rein	ALDO C	ASTEIL	enos,	P.A.	S ONS
9960	Box NOT acceptable)	1 Ro	Ad		
(PO:	Box NOT acceptable)	./			
	11, Flori				
The street address of its registered offic as changed will be identical.	e and the street a	ddress of th	e business of	ice of its regist	ered agent,
Such change was authorized by resolution authorized by the board, or the corporate	ion duly adopted ion has been not	by its board fied in writ	of directors of the cha	or by an officer nge.	so
(Signalup of an office of director)		019	(Printed or typed	g u es Jame and title)	
I hereby accept the appointment as regilifurther agree to comply with the proviof my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing	istered agent and sions of all statu d accept the oblig t a change in the g of this change.	agree to actes relative gation of my registered	et in this capa to the proper position as r office address	city. and complete p egistered agent , I hereby confi /	verformance . Or, if this rm that the
+ atllow	-		2/6/0	1	
(Signature of Registered Agent)			(Date	)	
If signing on behalf of an entity:					
REINALDO CASTELLA (Typed or Printed Name)	NOS				

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