## 516699

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consider Instructions to Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: 208 Meridian	CONDOMINIUM, INC.
		(Name of corporation)
DOCU	MENT NUMBER:	716692
The en	closed Statement of Change of	of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence cor	ncerning this matter to the following:
	YOLANDA NODAL	
· · ·	(Name of person	on)
A	ACTION GENERAL SERVI	
	(Name of firm/com	pany)
4	4445 W 16 Ave Suite	308
	(Address)	
H	HIALEAH, FL. 33012	
	(City/state and zip	code)
For furt	ther information concerning t	his matter, please call:
<u>y</u>	OLANDA NODAL (Name of person)	at ( 305 ) 823-1201 (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made pay	yable to the Department of State.
Amendi Division P.O. Bo	g Address: ment Section n of Curporations ox 6327 ssee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	-	02, 617.0502, 607.1508, or 617.150			
	•	oration organized under the laws of gistered office or registered agent, o			
of Florida.	In order to change its re	gistered office of registered agent, t	n oom, m me state		
1. The name of	the corporation: 208 MERIDI	IAN CONDOMINIUM ASSC.			
2. The principa	office address: 208 Meric	lian Ave			
<del></del>		ach, F1. 33139	05		
3. The mailing	address (if different): 4445	West 16 Ave Suite 308	98		
<u> </u>	Hial	leah, F1, 33012	<u> </u>		
4. Date of incom	poration/qualification: 6/9/6	Document number:	716692		
	d street address of the current reg	gistered agent and registered office or	716692 ි ල n file with the ්පු		
	MANRIOUE, RAFAE	CL			
	133 S.W 113th A	Ave # 102			
	MIAMI, FL. 3317				
6. The name and changed):	nd street address of the new reg	pistered agent (if changed) and /or r	registered office (if		
changea).	WAIDOTAS, BEAT	<sup>1</sup> A			
	255 N.W 59th S	t al mailbox NOT acceptable)	<del></del>		
	MIAMI, FL. 33127				
The street addragent, as chang		e street address of the business offic	ce of its registered		
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or been notified in writing of the chan	by an officer so ge.		
, •	, chairman or vice chairman of the board)	(Printed or typed name and title			
omce address,	Thereby comming the corpor	gent and agree to act in this capaci all statutes relative to the proper a th and accept the obligation of my p tiled merely to reflect a change in to ation has been notified in writing of	ity. iid complete position as he registered f this change.		
(	gnature of Registered Agent)	(Date)			
If signing on behal	i or an entity:				
(7	yped or Printed Name)	(Capacity)	<del></del>		

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