

719669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

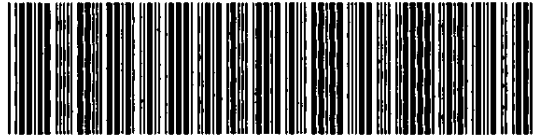
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

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MAR 15 2010



121 Alhambra Plaza, 10th Floor
Coral Gables, Florida 33134
Phone: (305) 262-4433 Fax: (305) 442-2232
US Toll Free: (800) 533-4874

Reply To:
Coral Gables
David H. Rogel, Esq.
drogel@becker-poliakoff.com

ADMINISTRATIVE OFFICE
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312
954.987.7550

WWW.BECKER-POLIAKOFF.COM
BP@BECKER-POLIAKOFF.COM

March 11, 2010

VIA REGULAR MAIL

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Agent

Dear Sir/Madam:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both for Corporations for Dome Condominium Association, Inc. along with a check in the amount of \$35.00 to cover the filing fee.

Thank you.

Sincerely,


David H. Rogel
For the Firm

DHR/lev
Enclosures
ACTIVE: DUU200/201609:2901626_1

FLORIDA OFFICES
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dome Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 719669

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:

David H. Rogel, Esquire
Name of Contact Person

Becker & Pollakoff, P.A.
Firm/Company

121 Alhambra Plaza, 10th Floor
Address

Coral Gables, Florida 33134
City/State and Zip Code

drogel@becker-pollakoff.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Clattenburg, Manager at (305) 893-2107
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 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dome Condominium Association, Inc.
2. The principal office address: 2100-2150 Sans Souci Blvd., Office
North Miami, FL 33181
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/10/1970 Document number: 719669

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Becker, Poliakoff, PA

3111 Stirling Road

Fort Lauderdale, FL 33312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David H. Rogel, Esquire

Becker & Poliakoff, P.A.

P.O. Box NOT acceptable

121 Alhambra Plaza, 10th Floor, Coral Gables, FL 33134

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.

Irrene Sarry
Signature of an officer or director

IRENE SARRY PRESIDENT
Printed or typed name and title

I hereby 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 filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

3-10-2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA