739596

s.				
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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SECRETARY CF ELEMENT

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Ten Thousand Plaza Condominium Association, Inc. (Name of corporation)				
DOCUMENT NUMBER: 739596	6			
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
	Gelcys Azuero			
	(Name of person)			
	Quality Association Managers			
	(Name of firm/company)			
	P.O. Box 160763	_		
	(Address)	•		
	Mr. 1 Ft. 20440			
	Miami, FL 33116 (City/state and zip code)			
For further information concerning	• /			
To raid in information concorning	matter, prease carr.			
Robert H. Yaffe	at (305) 895-9000			
(Name of per	rson) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made pa	ayable 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 409 E. Gaines Street Tallahassee, FL 32399			

CR2E045(09/03)

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

	ne provisions of sections 607.0302, 617.02 binitted for a corporation organized under	the laws of the State of Florida The state of Florida	itement of in order
	registered office or registered agent, or be	•	
1. The name of	of the corporation: Ten Thousand Plaza	Condominium Association, Inc.	
2. The princip	pal office address: 10000 West Bay Hart	por Drive, Bay Harbor Islands, FL 33154	
3. The mailing	g address (if different); c/o Quality Assoc		
	160763, Miami, FL 33116		
4. Date of inc	corporation/qualification: 07/26/1977	Document number: 739596	<u>*</u>
	and street address of the current registered partment of State:	agent and registered office on file with the	7
	Becker & Poliakoff, P.A.		FEB 2
	5201 Blue Lagoon Drive, Suite 100	35EF-0	26
	Miami, FL 33126	FLO	E (C)
6. The name a (if changed	and street address of the new registered ag	ent (if changed) and /or registered office	25
	Robert H. Yaffe, Esq.		
	11900 Biscayne Boulevard, Suite 266	3	
•	(P.O, Box or persona	1 mailbox NOT acceptable)	•
	Miami, FL 33181		
The street add	dress of its registered office and the stree be identical.	et address of the business office of its registered ag	ent, as
Such change the board, or	was authorized by resolution duly adopt the corporation has been notified in writ	ed by its board of directors or by an officer so authing of the change.	orized by
rete	(Signature of an officer of diseaser)	Peter Lynch, President (Printed or typed name and title)	
I hereby acce I further agre duties, and I d being filed me been notifi c d	11 '	and agree to act in this capacity, atutes relative to the proper and complete performa on of my position as registered agent. Or, if this d d office address, I hereby confirm that the corporat	ance of my ocument is tion has
Ka		february 24 Jusy	
.,	(Signature of Registered Agent)	(Date)*	
If signing on	behalf of an entity:		
Mobe	17 4. Yaffe Esc		
	(Typed or Printed Name)	(Conscitu)	

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