

NO 1000004987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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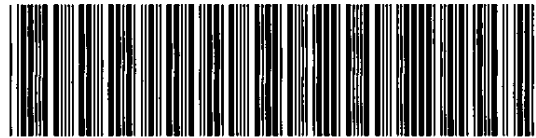
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DIVISION OF CORPORATIONS

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07 JUN 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA mg
6/25

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: 4TH AVENUE CONDOMINIUM ASSOCIATION INC
- 2. The principal office address: 4005 4TH AVENUE
HOLMES BEACH FL 34217
- 3. The mailing address (if different): 89 BAY 23RD STREET
BROOKLYN, NY 11214
- 4. Date of incorporation/qualification: _____ Document number: _____
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NOT DESIGNATED AT PRESENT

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

CHRISTOPHER TABICK.
4004 5TH AVENUE
(P.O. Box NOT acceptable)
HOLMES BEACH FL 34217

07 JUN 25 PM 3:00
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 TALLAHASSEE, FLORIDA

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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.

X Jennifer L. Tabick X JENNIFER L. TABICK VICE PRESIDENT.
(Signature of an officer or director) (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.

X Chris Tabick Y MAY 6 2007
(Signature of Registered Agent) (Date)

CHRISTOPHER TABICK
 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