NO2-000002581

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SECRETARY OF STATE

RAChange 2-6-08

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Sunshine Bay Condi	ominium Association, Inc.
DOCUMENT NUMBER: NO 2000 OC	2581
The enclosed Statement of Change of Registered C	Diffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Marc A Hal (Name o	Pern, Esg- Contact Person)
Halpern Ru (Fin	dnguiz, LLP 1/Company)
800 Douglas K	oad, suite 880 Address)
<u>Coral Gables</u> (City/Sta	FL 33134 te and Zip Code)
For further information concerning this matter, ple	ase call:
Marc A Halpern (Name of Contact Person)	at (305) 442 888 3 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Signature of Corporations Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

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

-	<u>.</u>	7.0502, 607.1508, or 617.1508, Florida Statutes, this
		organized under the laws of the State of Flonda
in order	to change its registered office or r	egistered agent, or both, in the State of Florida.
1. The name of the	e corporation: <u>SUNShine</u> 1	3/24 Condominium Association, Inc
2. The principal o	ffice address: 1441 Lin	doin court
<u></u>	Miami B	each, FL 33139
3. The mailing ad-	dress (if different): P. D	BOX 402336
	Mlami Bea	ach, FL 33140
4. Date of incorpo	oration/qualification: $4/8/2$	02 Document number: N620000 258
5. The name and s Florida Departr		ered agent and registered office on file with the
_	Joan Benn	ett ===================================
_	763 41st.	suite C
-	Mlami Beach,	PL 33140 ASSR 1
6. The name and s (if changed):	street address of the new registered	agent (if changed) and /or registered office
_	Halpern Rodr	guez. UP, Marc. A. Halperra
_	Douglas Entrance	North Tower 800 Douglas Rd.
_	Suite 880 (ral Gables, FL 33134
The street address as changed will b	s of its registered office and the see identical.	treet address of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duly ac board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
DOUNA (Signature	or an officer of directors.	Donna Nortell Pres. (Printed or typed name and title)
I hereby accept the I further agree to of my duties, and document is being carporation has be	he appointment as registered ago comply with the provisions of a I am familiar with and accept th g filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
) (Sign	ature of Registered Agent)	/24/08 (Date)
If signing on beh	$I \setminus V$	
MARC HA	ped or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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