Nº05000003596

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TO: Amendment Section Division of Corporations	•
SUBJECT: Cityside Condominium Assoc (Name of Con	poration)
DOCUMENT NUMBER: N05000003596	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
L. Chere Trigg (Name of Cont	act Person)
Siegfried, Rivera, Lerner, Do (Firm/Con	e La Torre & Sobel, P.A.
201 Alhambra Circle, Suite 1	102 ss)
Coral Gables, FL 33134	
(City/State and	Zip Code)
For further information concerning this matter, please cal	11:
L. Chere Trigg	at (305) 442-3334 (Area Code & Daytime Telephone Number)
(Name of Contact Person) Enclosed is a \$35.00 check made payable to the Departm	
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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Cityside Condominium Association, Inc.
2. The principal	office address: 1771 Cityside Drive, West Palm Beach, FL 33401
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 4/7/05 Document number: N05000003596
	d street address of the current registered agent and registered office on file with the rtment of State:
	Estis, Jeffrey N.
	1771 Cityside Drive
	West Palm Beach, FL 33401
6. The name and (if changed):	West Palm Beach, FL 33401 I street address of the new registered agent (if changed) and /or registered office
	SKRLD, Inc.
	201 Alhambra Circle, Suite 1102 (P.O. Box NOT acceptable)
	Coral Gables, FL 33134
The street addresses changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
J. Comple	re of an officer or director) (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
ana)	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
Lisa Lerner,	, Secretary 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)