## 005000009548

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>!!</b>
(Document Number)
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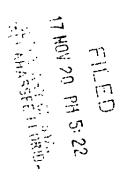


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## COVER LETTER

Division of Corporations	
City Center Condominium, SUBJECT:	Association, Inc.
SUBJECT:	Name of Corporation
N05000 DOCUMENT NUMBER:	009548
The enclosed Statement of Change of I	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Jed L. Frankel E	sq.
	Name of Contact Person
Eisinger, Brown	, Lewis, Frankel & Chaiet, P.A.
	Firm/Company
4000 Hollywood E	Blvd., Suite 265-South
	Address
Hollywood, FL3	3021
	City/State and Zip Code
jfrankel@eis <b>in</b> g	gerlitigation.com
E-mail address (t	o be used for future annual report notification)
For further information concerning this	s matter, please call:
Jed L. Frankel	954 894-4000
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made paya	ple to the Department of State.
Mailing Addr	ess: Street Address:
Amendments Division of C	
P.O. Box 632	
Tallahassee	
	Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 6.	97.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted <b>fo</b> r a c	orporation organized under the laws of the State of Horida
(8)	d office or registered agent, or both, in the State of Florida.
l. The name of the corporation: City C	Center Condominium Association, Inc.
2. The principal office address: $140$ N	E 1st Avenue, Miami, FL 33130
3. The mailing address (if different): P	.O. Box 380485, Miami, FL 33130
4. Date of incorporation/qualification:	09/15/2005 Document number: N05000009548
5. The name and street address of the et Florida Department of State: (1 resig	nrent registered agent and registered office on file with the ned, enter resigned)
Miami Flex Prop	perty Services
140 NE 1st <b>A</b> ve	nue 3
Miami, FL 3 <mark>3</mark> 13	nue FIEL SS
6. The name and street address of the ne (if changed):	ew registered agent (if changed) and for registered office
Jed L. Frankel,	Esq. 75: 22
4000 Hollywood	I Blvd., Suite 265-South
	P.O. Box NOT acceptable
Hollywood, FL	33021
The street address of its registered off as changed will be identical.	ice and the street address of the business office of its registered agent,
Such change was authorized by result authorized by the board, or the corpor	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
QAD I	ELVIS Toledo P
I hereby accept the appointment as re I hereby accept the appointment as re I further agree to comply with the pro performance of my duties, and I am for agent. Or, if this document is being fi hereby confirm that the corporation h	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.
1 h	11-15-207
If signing on behalf of an entity:	Date
Typed or Printed Name	* * * FILING FEE: \$35.00 * * *

MAKE CHESKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)