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To:

Division of Corporations

Fax Number

. (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 SECRETARY OF STATE TALLAHASSEE. FLORDO

07 JUN -3 AM 11:29

REGISTERED AGENT CHANGE

FLAMINGO/SOUTH BEACH I CONDOMINIUM ASSOCIATION, INC.

RECEIVED
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ISION OF CORPOSATION

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4/7/07

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

statement of ch	nange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statu mized under the laws of the State of Florid	ie	
in ord	ler to change its registered office or regis	stered agent, or both, in the State of Florid	la.	
1. The name of	f the corporation: FLAMINGO/SOUTH B	EACH I CONDOMINIUM ASSOCIATION	J, INC.	
2. The princips	al office address: 1500 Bay Road, Miami I	Beach, FL 33139		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 09/12/2006	Document number: N0600000963	10	
5. The name ar		agent and registered office on file with the		
	Mary Koberstein, c/o William Bloom		₹	
	701 Brickell Avenue, Suite 3000		O7 JUN - 3 SECRETAR' ALLAHASS)
	Miami, FL 33131		HATA I	(1986)
6. The name an (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	Y OF)
	Corporation Service Company	,	FUR VIS	. •
	1201 Hays Street			٥
	(P.O. Box NOT acceptable	•)	4.	
	Tallahassee, FL 32301			
as changed wit	1 be identical.	t address of the business office of its regi	7'69.	regiji. Zvett
Such change wanthorized by t	as authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an offic onfied in writing of the change.	er so 🤌 🦥	nareje s
	Joseph Time-	Dan Tucker, President		
l hereby accept I further agree of my duties, ar document is be corporation ha		(Printed or typed name and tale) and agree to act in this capacity, butes relative to the proper and complete ligation of my position as registered age he registered office address, I hereby con	performance ht. Or, if this nfirm that the	
By: Corporation	Service Company Lulle R (Dune) gnature of Registered Agent)	July 2 20	207	
If signing on be	chalf of an entity:			
	moy, Assistant Vice President			
	Typod or Printed Name)			
	* * * FILING FI	EE: \$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)