

# N10756

Requester's Name  
 JOEL BETH MITCHELL  
 343 IVES DAIRY ROAD #9  
 NORTH MIAMI BEACH, FLORIDA 33179

City/State/Zip Phone #

000002073610-006 4  
 -01/30/97-01045-006 4  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

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 TALLAHASSEE FLORIDA

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

*RA Chg.*

VS FEB 5 1997

|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Condominium "E" Association  
MEDITERRANEA, INC.

1b. The mailing address of the corporation is: c/o Dr. Joel Beth Mitchell  
343-9 Ives Dairy Rd, North Miami Beach, FL 33179

1c. Date of Incorporation: 8/20/95 Document number: N110756

2. The name and address of the current registered agent and office:

Michael Feldenkreis  
343-02 Ives Dairy Rd  
North Miami Beach, FL 33179

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Joel Beth Mitchell  
343-9 Ives Dairy Rd  
North Miami Beach, FL 33179

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

1/25/97  
(Date)

Steve Newman  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Joel Beth Mitchell  
(Signature of Registered Agent)

1-17-97  
(Date)

If signing on behalf of an entity:

Joel Beth Mitchell  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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