## n130000013674

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T. LEMIEUX





Donna DiMaggio Berger, Esq. Shareholder Phone: (954) 364-6031 Fax: (954) 985-4176 dberger@bplegal.com

1 East Broward Blvd., Suite 1800 Ft. Lauderdale, Florida 33301

April 6, 2017

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Echo Condominium Association, Inc.

Document No. N13000002674

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office/Agent form along with Check # 11412 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

Donna DiMaggio Berger

For the Firm

DDB2/tw Enclosure

ACTIVE: 9613241\_1

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

	r to change its registered office or registered agent, or both, in the State of Florida.  the corporation: Echo Condominium Association, Inc.	
	-0011 2200 NTE 1994L C4 Califo 111	
z. The principal	Aventura, FL 33180	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 03/19/2013 Document number: N13000002674	•
	street address of the current registered agent and registered office on file with the treet that the state: (If resigned, enter resigned)	
	Shear, Daivd, Esq.	
	200 South Biscayne Blvd., Suite 3600	
	Miami, FL 33131	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	201
	Becker & Poliakoff, P.A.	APR
	One East Broward Blvd., Suite 1800	10 A
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	=:
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors arely an officer so e board or the corporation has been notified in writing of the change.	•
	SEMIR SIRATI Director  Frinted or typed name and title	
I hereby accept if I hereby accept if I further agree to performance of it agent. Or, if this hereby confirm to	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being fited merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Sign	Agure of Registered Agent Date	
If signing on bel		
The state of the s	ned 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 (03/12)