N99000005274

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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10/30/02-01091--010 **35.00

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SECRETARY OF STATE

Office Use Only

R.A. Change

T BROWN DEC - 3 2002

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: THE MERCURY SOUTH BEACH CONDO. ASSOCIATION, INC. (Name of corporation)
DOCUMENT NUMBER: N900005274
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAXWELL SHEINER (Name of person)
BLUE SKY PROPERTY MANAGEMENT, INC (Name of firm/company)
7300 BISCAYNE BLUD, STE 206 (Address)
MIAMI, FL 33/38 - 5135 (City/state and zip code)
For further information concerning this matter, please call:
MAXWELL SHEINER at (305) 751- 5696 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 4, 2002

MAXWELL SHEINER BLUE SKY PROPERTY MANAGEMENT, INC. 7300 BISCAYNE BLVD., SUITE 206 MIAMI, FL 33138-5135

SUBJECT: THE MERCURY SOUTH BEACH CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N99000005274

We have received your document for THE MERCURY SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

The document is illegible and not acceptable for imaging.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist

Letter Number: 902A00060277

02 DEC -2 AM 9: 16
DIVISION OF CORPORATIONS

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 $FLOFIDA$
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: HE MERCURY SOUTH BEACH CONDOMINIUM
ASSOCIATION, INC.
2. The mailing address of the corporation: COBLUE SKY PROPERTY MANAGEMEN
7300 BISCAYNE BLUD, STE 206 , MIAMI, FL 33138-5135
3. Date of incorporation/qualification: 08/30/1999 Document number: N990000527
4. The name and address of the current registered agent and registered office:
SOBE PROPERTY SERVICES 跨富力
723 14th PLACE STE9 经分析
SOBE PROPERTY SERVICES 723 14th PLACE, STE9 MIAMI BEACH, FL 33139
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
BLUE SKY PROPERTY MANAGEMENT, INC.
7300 BISCATNE BLVO, STE 206
MIAMI, FL33138-5135
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.
11/11/02
(Signature of an office) chairman or vice chairman of the board) (Date)
(Printed or types pame and title) Office of the Board
(Printed or types 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.
S Ma William
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Maxwell Sheiner Property Manager (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(8/99)