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OF COUNSEL

H. HUGH McCONNELL, P.A.

July 26, 2004

VIA FEDERAL EXPRESS

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

RE: QUATRAINE CONDOMINIUM II ASSOCIATION, INC. ("Association")

To whom it may concern:

The undersigned law firm represents Quatraine Condominium II Association, Inc. ("Association"). Enclosed herewith are the original and a copy of the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") and a check in the sum of Thirty-Five and No/100 Dollars (\$35.00). Please date stamp the copy and return to the undersigned in the enclosed self-addressed stamp envelope.

Should you require anything further, please do not hesitate to contact my office.

Very truly yours,

SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

Maria Victoria Arias

MVA/bly Enclosures

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

		0502, 617.0502, 607.15 nized under the laws o			ement of _ in order
		agent, or both, in the S			
1. The name of the c	orporation: QUAT	RAINE CONDOMIN	IIUM II ASSOCIATI	ON, INC.	
2. The principal offic	ce address: MJB	MANAGEMENT SEI	RVICES, INC.		
	19501 N	E. 10TH AVENUE,	SUITE 300, NORTH	MIAMI BEACH, F	L 33179
3. The mailing addre	ess (if different):		· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporat	tion/qualification: 08/	19/83 Do	cument number: 769	9900	
5. The name and stre Florida Departmen		nt registered agent and	registered office on fil	e with the	_
	MJB MANAGEMEN	T SERVICES, INC.			THE SECTION OF THE PERSON OF T
	19501 N.E. 10TH AV	VENUE, SUITE 300		<u></u>	强星
	NORTH MIAMI BE	ACH, FL 33179			ASSET S
6. The name and stre (if changed):	eet address of the new	registered agent (if cha	nged) and /or registere	d office	FELORI
	SKRLD, INC.				DI.
	201 ALHAMBRA CI	RCLE, SUITE 1102		<u> </u>	
	(P.	O. Box or personal mailbox NC	T acceptable)		
	CORAL GABLES, F	L 33134			
		and the street address			
Such change was at the board, or the co	uthorized by resolutio rporation has been no	n duly adopted by its tified in writing of the	board of directors or b change.	y an officer so author	orized by
X-Gome	Land fure of an officer or director)		X GENE (Printed or	CHASET (RESIDENT
I further agrée to c	omply with the provis miliar with and accep to reflect a change in	tered agent and agree ions of all statutes rel t the obligation of my the registered office a	ative to the proper and	d complete performa	nce of my ocument is ion has
(Sign	nature of Registered Agent)		7/	21/04 (Date)	
If signing on behalf					
LISA A. LERN	ER July		SECRETARY	(Capacity)	

* * * FILING FEE: \$35.00 * * *