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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES

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

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REPLY TO CORAL GABLES OFFICE

July 10, 2007

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LAURIE STILWELL COHEN

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TIFFANY M. SEEMAN

NICHOLAS D. SIEGFRIED

L. CHERE TRIGG

OF COUNSEL

H. HUGH McCONNELL, P.A.

VIA EMAIL: ava636@hotmail.com

AND REGULAR MAIL

Alvaro Villa, Manager

Seacoast 5151 Condominium Association, Inc.

5151 Collins Avenue, Management Office, Suite 226

Miami Beach, FL 33140

**Re: Seacoast 5151 Condominium Association, Inc.
("Association")**

Dear Alvaro:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations ("Statement") listing our firm as Registered Agent for the Association. Accordingly, please have the Statement signed by the President of the Association. Once signed, please return same to this office so that we can file the Statement with the Division of Corporations.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

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

Roberto C. Blanch

RCB:cla

Enclosure(s)

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SCANNED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.
(Name of corporation)

DOCUMENT NUMBER: N95000003286

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:

ROBERTO BLANCH, ESQUIRE
(Name of contact person)

SIEGFRIED, RIVERA, LERNER, ET AL
(Firm/Company)

201 ALHAMBRA CIRCLE, SUITE 1102
(Address)

CORAL GABLES, FL 33134
(City/state and zip code)

For further information concerning this matter, please call:

ROBERTO BLANCH at (305) 442-3334
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5151 COLLINS AVENUE, MIAMI BEACH, FL 33140
3. The mailing address (if different): 5151 COLLINS AVENUE, MIAMI BEACH, FL 33140
4. Date of incorporation/qualification: 07/11/1995 Document number: N95000003286
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CUEVAS & RUBIN, PA

ANDREWS CUEVAS, ESQUIRE

536 BILTMORE WAY, CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, INC.

201 ALHAMBRA CIRCLE, STE 1102

(P.O. Box NOT acceptable)

CORAL GABLES, FL 33134

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, or the corporation has been notified in writing of the change.

Ruben A. Ricardo
(Signature of an officer or director)

RUBEN A. RICARDO / President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lisa A. Lerner
(Signature of Registered Agent)

7/9/07

(Date)

If signing on behalf of an entity:

LISA A. LERNER, Secretary
(Typed 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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