(Req	uestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

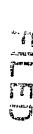
Office Use Only

12/2/109



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12/18/09--01008--009 \*\*35.00



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

	provisions of sections 607.0502, 617.0502, 6		, this state		
-	itted for a corporation organized under the lo			_ in ordei	r
to change its re	gistered office or registered agent, or both, in	i the State of Florida.			
1. The name of	the corporation: 1000 ISLAND BOULEVA	ARD CONDOMINIUM ASSOCIATION	ON, INC.		-
2. The principal	office address: 1000 ISLAND BOULEVA	ARD, MANAGEMENT OFFICE, AVI	ENTURA	٠,	-
FLORIDA	33160				-
3. The mailing a	address (if different): SAME AS ABOVE				-
4. Date of incor	poration/qualification: 10/19/1990	Document number: N40414			-
5. The name and	d street address of the current registered agen rtment of State:				•
	BERLOWITZ, JEFFREY S. ESQUIRE		_		
	4000 HOLLYWOOD BLVD, SUITE 375	s	f	~>	
	HOLLYWOOD, FL 33021		SECRE	909 DE	 1
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	HASSE	13.	taus Lives
	SKRLD, INC.			A	7,171
	201 ALHAMBRA CIRCLE, STE 1102		25	9: 1:	-
	(P.O. Box or personal mailt	oox NOT acceptable)	D.	9	
	CORAL GABLES, FL 33134		_		
The street addrechanged will be	ess of its registered office and the street add e identical.	lress of the business office of its regist	tered ager	ıt, as	
Such change w the board, or th	as authorized by resolution duly adopted by e corporation has been notified in writing o	its board of directors or by an officer f the change.	r so autho	rized by	
Fund (	Signature of an officer or director)	Francia R. Sc. (Printed or typed name and	HOVE.	DEN	
duties, and I an being filed mer	the appointment as registered agent and a to comply with the provisions of all statutes in familiar with and accept the obligation of ely to reflect a change in the registered offi writing of this change.	gree to act in this capacity. S relative to the proper and complete r	performan	nce of my	š
Kina	(Signature of Registered Agent)	(Date)			-
If signing on be	chalf of an entity:				
Lisa Lerner		Secretary			-
	(Typed or Printed Name)	(Capacity)		·	

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

## TRANSMITTAL LETTER

SUBJECT: 1000 ISLAND BOULEVARD CONDOMIN (Name of	TUM ASSOCIATION, INC.
·	
DOCUMENT NUMBER: N40414	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
ROBERTO C. BLA	<u></u>
(Name of	t person)
SIEGFRIED, RIVERA,	LERNER, ET AL
(Name of fire	
201 ALHAMBRA CIR (Add	
(Aud	iess)
CORAL GARI	LES, FL 33134
(City/state a	·
For further information concerning this matter, please call:	:
ROBERTO C. BLANCH, ESQUIRE	at ( 305 ) 442-3334 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departme	nt of State.
Mailing Address:	Street Address: Amendment Section
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section

TO: