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| PICK-UP | ☐ WAIT | MAIL . |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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OF CORPORATIONS
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COVER LETTER

| Division o | f Corporations | | |
|----------------------|---|---|---|
| SUBJECT: | The Clinton Association | ciation, Inc. | |
| | Name of Co | | |
| DOCUMENT NU | MBER: | 28578 | |
| The enclosed State | ment of Change of Registered Office/ | Agent and fee are subm | itted for filing. |
| Please return all co | rrespondence concerning this matter t | o the following: | |
| | ASSOCIATION LA Name of Cont | W GROUP, PL. | |
| ٠ | ASSOCIATION LA | | · |
| | Timi/Con | | |
| • | 1666 KENNEDY CAUS | SEWAY, SUITE 305 | - |
| | Addre | SS | • |
| | NORTH BAY VILL | AGE, FL 33141 | |
| | City/State and | Zip Code | |
| _ | ramon@alg | | |
| | E-mail address: (to be used for fut | ure annual report noti | fication) |
| For further informa | tion concerning this matter, please ca | 11: | |
| Ram | non C. Palacio, Esq. | at (305) | 938-6922 |
| Nan | ne of Contact Person | Area Code & Dayti | me Telephone Number |
| Enclosed is a \$35.0 | 0 check made payable to the Departm | ent of State. | |
| · | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F | ection orporations ng re Center Circle |

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

| statement of change is submitted for a corporation organized under the laws of the State of FLOF in order to change its registered office or registered agent, or both, in the State of Florida | RIDA |
|--|---|
| 1. The name of the corporation: THE CLINTON ASSOCIATION, INC. | |
| 2. The principal office address: 6545 INDIAN CREEK DRIVE, #207, MIAMI BEACH, | FL 33141 |
| | |
| 3. The mailing address (if different): 10556 NW 26 STREET, SUITE D-202, DORAL, F | FL 33172 |
| 4. Date of incorporation/qualification: 01/08/1974 Document number: 72 | 28578 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | |
| ARROM, ORLANDO | |
| 10556 NW 26 STREET, STE D-202 | · - |
| DORAL, FL 33172 | DIVIS 12 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | SION OF CO |
| ASSOCIATION LAW GROUP, P.L. | PH STORY |
| 1666 KENNEDY CAUSEWAY, SUITE 305 | SIME RATIO |
| P.O. Box NOT acceptable | F |
| NORTH BAY VILLAGE, FL 33141 | |
| The street address of its registered office and the street address of the business office of its registas changed will be identical. | stered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change. | er so |
| Signature of an officer or director Roberto Rosen Feld 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 of my duties, and camiliar with and accept the obligation of my position as registered agend document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change. Signature of Registered Agent Date | performance nt. Or, if this firm that the |
| If signing on behalf of an entity: Autoria, Esa. Typed or Printed Name | |

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