

757 947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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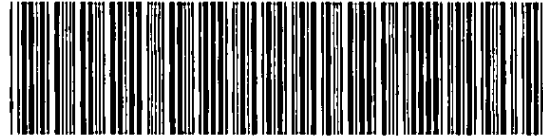
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 751997

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:

Joseph Spiriti  
Name of Contact Person

Mariner's Bay  
Firm/Company

15165 NW 77 Ave, Suite 1001  
Address

Miami Lakes, FL 33014  
City/State and Zip Code

jspiriti@csgfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Spiriti at 305 463-8808  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.  
2. The principal office address: 12000 NORTH BAYSHORE DRIVE NORTH MIAMI, FL 33181

3. The mailing address (if different): 12000 NORTH BAYSHORE DRIVE NORTH MIAMI, FL 33181

4. Date of incorporation/qualification: 11/10/2008 <sup>9/14/1480</sup> Document number: 751997

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)

7855 NW 12th Street, Ste. 202 Doral, FL 33126

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

15165 NW 77th Ave., Ste. 1001 Miami Lakes, FL 33014

P.O. Box NOT acceptable

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.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Signature of Registered Agent

12/22/2017

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Joseph-Spiriti

\_\_\_\_\_  
Typed or Printed Name

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

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18 JAN -3 PM 5:05  
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CORPORATIONS  
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