above, or on an attachment with all other like empowered.

TREASURER

SIGNATURE: LYNNE MARLETTE

City-State-Zip: MIAMI BEACH FL 33139

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500001395

Entity Name: 601 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

601 MICHIGAN AVE MIAMI BEACH. FL 33139

Current Mailing Address:

1000 5TH ST SUITE 211 MIAMI BEACH, FL 33139 US

FEI Number: 20-1481169

Name and Address of Current Registered Agent:

CRA AGUILERA & ASSOCIATES 1000 5TH ST SUITE 211 MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | CARLOS AGUILERA | | | 04/26/2019 |
|-----------------|--|-----------------|--------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | VP, SECRETARY, DIRECTOR | Title | P, DIRECTOR | |
| Name | VEZOLLES, CELESTE | Name | AHMED, ALASHWAH | |
| Address | 1000 5TH ST SUITE 211 | Address | 1000 5TH ST SUITE 211 | |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 | |
| Title | TREASURER, DIRECTOR | | | |
| Name | MARLETTE, LYNNE | | | |
| Address | 1000 5TH ST SUITE 211 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

FILED Apr 26, 2019 Secretary of State 8386482551CC

Certificate of Status Desired: No

04/26/2019 Date