| | ning Address. | | | |
|---|--|---------------------------|---|------------------------|
| 12000 BISC/ 406 | AYNE BLVD | | | |
| MIAMI, FL : | 33181 US | | | |
| FEI Number: 83-0433714 | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| LJ SERVICES (12000 BISCAYI 406 MIAMI, FL 3318 | NE BLVD | | | |
| | | | | |
| The above named | l entity submits this statement for the purpose of changing its r | egistered office or regis | tered agent, or both, in the State of | Florida. |
| | entity submits this statement for the purpose of changing its r | egistered office or regis | tered agent, or both, in the State of | Florida. 08/30/2023 |
| | | egistered office or regis | tered agent, or both, in the State of | |
| | Electronic Signature of Registered Agent | egistered office or regis | tered agent, or both, in the State of | 08/30/2023 |
| SIGNATURE | Electronic Signature of Registered Agent | egistered office or regis | tered agent, or both, in the State of a | 08/30/2023 |
| SIGNATURE | Electronic Signature of Registered Agent | | | 08/30/2023 |
| SIGNATURE Officer/Direc Title | Electronic Signature of Registered Agent Ctor Detail : VP, TREASURER | Title | PRESIDENT | 08/30/2023 |

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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500002464

Entity Name: THE NICHE AT 62ND ST. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

540-544 NORTHEAST 62ND STREET MIAMI, FL 33138

Current Mailing Address:

Date