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.

SIGNATURE: ALLISON COTTER

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | Ρ | Title | VP |
|-----------------|----------------------|-----------------|----------------------|
| Name | COTTER, ALLISON | Name | DELAPLAINE, ANDREW |
| Address | 900 LENOX AVE #2 | Address | 900 LENOX AVE. #1 |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | MIAMI BEACH FL 33139 |
| Title | SR | | |
| Name | THORRE, REGINE | | |
| Address | 900 LENOX AVE #3 | | |
| Citv-State-Zip: | MIAMI BEACH FL 33139 | | |

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.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31732

Entity Name: LENOX FLATS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 LENOX AVENUE MIAMI BEACH, FL 33139

Current Mailing Address:

1400 LINCOLN RD STE.504 MIAMI, FL 33139-2190

FEI Number: 65-0131626

Name and Address of Current Registered Agent:

REY, OSCAR O 1400 LINCOLN ROAD STE.504 MIAMI BEACH, FL 33139-2190 US Certificate of Status Desired: No

Date

04/29/2014 Date

PRESIDENT