202789

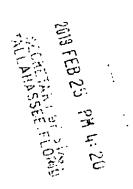
| (Re | questor's Name) | <u></u> |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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RÉ. LETTER H 419A06001885

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

| Pursuant to the provisions of sections 607.0502, \$17.0502, 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: Condado Inc. of Singer Island |
| K Day of the Control |
| 2. The principal office address. |
| Singer Island, FL 33907 |
| 3. The mailing address (if different): 30 Variek CT. Rockville Centre, NY 11570 |
| 4. Date of incorporation/qualification: 5/23/1457 Document number: 202789 |
| 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) |
| Resigned |
| |
| 2018 FEB |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office |
| (if changed): LARTY PASHOTAN JEFFICH HAMMELER TO THE STATE OF SOLVEN DR. HION DR. HION SOLVEN DR. HION SOLVEN DR. HION DR. HION DR. HION DR. |
| 30 Variet Gt. 5060 N. Ocur DR #104 3 2 |
| Rockville Centre, NY-11570 Sivin Isimis FL 3340 |
| 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. |
| Define Charged Vice 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 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. |
| 1 1 1 1 1 1 1 B C |
| Signature of Registered Agent If signing on behalf of an entity: Signature of Registered Agent Date D |
| |
| Typed or Printed Name |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)