713293

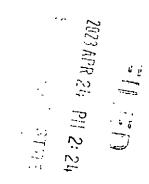
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
APR 2 4 2023					

Office Use Only



S. CHATHAM **35.00

JUL 1 2 2023



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: Point East Four Condominium Corporation, Inc. of Corporation
DOC	JMENT NUMBER:
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	s Little
Name	of Contact Person
Point	East Four Condominium Corporation, Inc.
Firm/0	Company
2895 E	Point East Drive
Addre	SS
Avent	ura, FL 33160
City/S	tate and Zip Code
	pointeastfour@yahoo.com
E-ma	l address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Denni	S Little at (505) 412-3506 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of egistered agent, or both, in the State of	Florida	this 	_
	he corporation: Point East Four Cond				
	office address: 2895 Point East Drive,				<u> </u>
3. The mailing a	ddress (if different): N/A				<u> </u>
4. Date of incorp	poration/qualification: September 1, i	967 Document number: <u>713</u> <i>2</i>	193		
	street address of the current register timent of State: (If resigned, enter res	red agent and registered office on file wigned)	ith the		
	Sally-Ann Findlay		_		
	2895 Point East Drive				
	Aventura, FL 33160				
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered of	− ffice - ∑·	2023 APR 24	i [
	Dennis Little			?; ?;	
	2895 Point East Drive			PH	12 mg
	Aventura, FL 33160) Box/NOT acceptable		1 2: 24	_j
The street addre	ss of its registered office and the st be identical.	reet address of the business office of i	ts registe	red agei	nt,
Such change wa authorized by th A	s authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by ar n notified in writing of the change.	officer s	0	
		Dennis Little. President			_
I hereby accept I further agree t	e of an officer or director." the appointment as registered agen o comply with the provisions of all of am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	Printed or typed name and at and agree to act in this capacity, statutes relative to the proper and corolligation of my position as registere in the registered office address. I here inge.	mplete pe	rformai Or, if t m that t	nce his the
	u -	04/12/2023			
Sign	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
Dennis Little					
T ₂	ped or Printed Name				
	* * * FILING	7 FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13):