

720611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

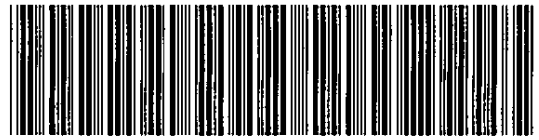
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLD PORT COVE PROPERTY OWNERS ASSOC INC
Name of Corporation

DOCUMENT NUMBER: 720611

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Cathie Carr
Name of Contact Person

MMI
Firm/Company

1201 DS Highway One #330
Address

North Palm Beach FL 33408
City/State and Zip Code

CCARR@miamimanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathie Carr at (561) 686 7818
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 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: OLD PORT COVE PROPERTY OWNERS ASSOCIATION INC
- 2. The principal office address: 1201 US HIGHWAY ONE, #330
NORTH PALM BEACH FL 33408
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/16/1987 Document number: 720611

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)

Becker - Podiakoff, PA
625 NORTH MAGICAL OLIVE, 7th FLOOR
WEST PALM BEACH FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SK RLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
P.O. Box NOT acceptable
COVINGTON LA BAYES FL 33134

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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.

Jan Poncelet
Signature of an officer or director

LOW ORNELLO
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 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.

Helio Dela Torre
Signature of Registered Agent

6/24/09
Date

If signing on behalf of an entity:

Helio Dela Torre
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