

723 756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

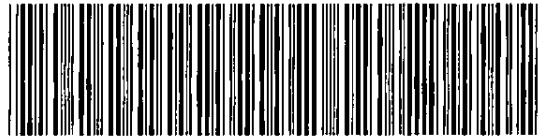
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL
FBI

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of registered agent
Name of Corporation _____

DOCUMENT NUMBER: 723756 _____

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:

Inessa Pogorelis

Name of Contact Person

Arlen House West Condominium Association, Inc.

Firm/Company

500 Bayview Drive

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

manager@arlenhouse.org

E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Inessa Pogorelis

at (305)

944-2348

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE

**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: Arlen House West Condominium Association, Inc.
2. The principal office address: 500 Bayview Drive Sunny Isles Beach, FL 33160
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/28/1972 Document number: 723756
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

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

Inessa Pogorelis

500 Bayview Drive

P.O. Box NOT acceptable

Sunny Isles Beach, FL 33160

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TALLAHASSEE, FL

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.

Kathleen Haley
Signature of an officer or director

Kathleen Haley Pres.
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.

Inessa Pogorelis
Signature of Registered Agent

11/12/24.
Date

If signing on behalf of an entity:

INESSA POGORELIS
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 (04/13)