## 725483

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Ru	siness Entity Na	me)
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(Do	cument Number	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Galen 250 Condominium, Inc. (Name of Con	poration)	
DOCUMENT NUMBER: 725483		
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Lily Mestre		
(Name of Conta	ect Person)	
Colon 250 Condomium In		
Galen 250 Condomium, In		
<b>(</b>	F	
250 Galen Drive Apt #45		
(Addres	ss)	
Key Biscayne, FL 33149		
(City/State and	•	
For further information concerning this matter, please call	1:	
Lily Mestre	at (_ 305	
(Name of Contact Person)	at ( 305 ) 710-3738 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Departme	ent of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 minimusee, 1 D D D 1 T	Tallahassee, FL 32301	

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

statement of change	is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.
	orporation: Galen 250 Condo	
2. The principal office	ce address: 250 Galen Drive,	Key Biscayne, FL 33149
3. The mailing addre	ess (if different):	
4. Date of incorpora	tion/qualification: 2/5/73	Document number: 725483
5. The name and stre Florida Departmen	<del>_</del>	agent and registered office on file with the
	Julie-Ann Cancio, President	
	250 Galen Drive Apt. #46	<b>8</b>
	Key Biscayne, FL 33149	
6. The name and stre (if changed):	eet address of the new registered ag	ent (if changed) and /or registered office
	Lily Mestre	3
	250 Galen Drive Apt #45	
	(P.O. Box NOT acceptable Key Biscayne, FL 33149	ile)
The street address o as changed will be i	of its registered office and the street dentical.	et address of the business office of its registered agent,
Such change was au authorized by the bo	nthorized by resolution duly adopt pard, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.
Julie and (Signature of	an officer or director)	Julie-Ann Cancio, President
I hereby accept the I further agree to co of my duties, and I d document is being f	appointment as registered agent a simply with the provisions of all sta	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
Kly Mostry	e Kt	June 18, 2008
(Signatur	e of Registered Agent)	(Date)
If signing on behalf	of an entity:	
(Tyned	or Printed Name)	

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE