727023

| (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: | | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Eden Point North Association, Inc.
Name of Corporation

OCUMENT NUMBER, 727023

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:

Annette Ditommaso, LCAM

Name of Contact Person

Intracoastal Management

Firm/Company

3601 NE 170 Street, Office

Address

North Miami Beach, Florida 33160

City/State and Zip Code

intracoastalmanagement@gmail.com

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

For further information concerning this matter, please call:

Annette Ditommaso

, 305

710.6848

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

| statement of ch | e provisions of sections 607.0502, 617. nange is submitted for a corporation or ler to change its registered office or rej | ganized under the laws | of the State o | f Florida | |
|--|---|--|---|------------------------------|--|
| | the corporation: Eden Point No | • | - | Tiorau. | |
| 2. The principa | al office address: 4000 North East 1 | 70 Street, Office, N | orth Miami | Beach, FL 33160 | |
| | | | | | |
| 3. The mailing | address (if different): | | ····· | | |
| 4. Date of incom | rporation/qualification: 07/24/197 | 3 Document nur | mber: <u>7270</u> | 23 | |
| | nd street address of the current registere artment of State: (If resigned, enter resi | | office on file | with the | |
| | The Fredrick Group, Inc. | | | _ | |
| | 5201 Blue Lagoon Drive, | 8th Floor | | _ | |
| | Miami, FL 33126 | | | _ | |
| 6. The name and (if changed): | d street address of the new registered a | ngent (if changed) and /o | or registered o | office | |
| | Mancebo Law, P.A. | | | <u>.</u> | |
| | 7380 South West 48th Street | | | | |
| | Miami, Florida 33155 | VOT acceptable | | _ | |
| | ess of its registered office and the stre I be identical. | | | | |
| X | as authorized by resolution duly adop he board, or the corporation has been are at an officer of director | Marbak | ctors or by an le change. | ex-Prisident | |
| I hereby accept I further agree performance of agent: Or if the | the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to r that the corporation has been notified | and agree to act in this latutes relative to the pr d accept the obligation effect a change in the re | capacity. coper and cor of my positio egistered offi | mplete n as registered | |
| | | 10/01/2019 | | 19 ALL: | |
| 1 | mature of Registered Agent | • | Date | OCT | |
| \sim | baff of an entity: M. Mancebo, Pres. | | | 5 | |
| | yped or Printed Name | | | | |
| | * * * FILING I | FEE: \$35.00 * * * | | 0.00 0.00 0.00 0.00 | |
| M | MAKE CHECKS PAYABLE TO F AIL TO: DIVISION OF CORPORATIONS, | | | <u>د.</u> ها | |