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|                     | (Requestor's Name)       | ,      |
|                     | (Address)                |        |
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| ·                   | (City/State/Zip/Phone #) |        |
| PICK-L              | JP WAIT [                | MAIL   |
|                     | (Business Entity Name)   | ;<br>; |
| ;                   | (Document Number)        | 1      |
| Certified Copies    | Certificates of Sta      | itus   |
| Special Instruction | ns to Filing Officer:    |        |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: The Conqueror CONDOMINIUM ASSOCIATION, INC.  |
|---|
| DOCUMENT NUMBER: 72.7318  |
| 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:   |
| Patricia Pisano Name of Contact Person  |
| Firm/Company  |
| 3241 NE 165 St  |
| North Miani Bead, Pl. 33160   |
| North Man Beach Pl 33160  City/State and Zip Code  Pisano Hotman. (om  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| PAT Pisaso at (305) 935 8737  Name of Contact Person Area Code & Daytime Telephone Number   |
| 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: THE CONQUEROR CONDOMINION ASSOCIATION INC  |
| 2. The principal office address: 3948 NE 169 ST  |
| MORTH MIAMI BEACH, FL. 33160   |
| 3. The mailing address (if different): 5ame  |
| 4. Date of incorporation/qualification: 8/30/1973 Document number: 72.73/8   |
| 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)   |
| DALINA VASSERSTEIN (RESIGNED)  |
| 3545 NE 167 ST APT 405 SE = #  |
| NORTH MIAMI BEACH, FL 33160  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| PATricia Figano  |
| 3941 NE 165 ST<br>P.O. Box NOT acceptable  |
|  |
| no miami Bch. Fl 33160   |
| 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.  |
| Imy Jua Amy Tria President  Arunted or typed hame 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. |
| Simulated Agent  |
| Signature of Registered Agent  Date  If signing on behalf of an antique  |
| If signing on behalf of an entity:  Patricla Pisano  |
| Typed or Printed Name  |

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