

728015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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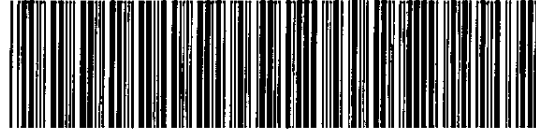
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE OLYMPUS ASSOCIATION, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 728015  
\_\_\_\_\_

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:

MICHAEL L. HYMAN, ESQ.

\_\_\_\_\_  
(Name of Contact Person)

HYMAN KAPLAN GANGUZZA SPECTOR & MARS

\_\_\_\_\_  
(Firm/Company)

150 West Flagler Street, Suite 2701

\_\_\_\_\_  
(Address)

Miami, Florida 33130

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. Hyman, Esq.

305 371-4244

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) (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 OLYMPUS ASSOCIATION, INC.
- 2. The principal office address: 500 THREE ISLANDS BLVD.  
HALLANDALE, FLORIDA 33009
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 11/14/1973 Document number: 728015
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SKRLD, INC., attn.: Lisa Lerner  
201 Alhambra Circle, Suite 1102  
Coral Gables, Florida 33134

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

Michael L. Hyman, Esq.  
HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS,  
150 West Flagler Street, Suite 2701  
Miami, Florida 33130  
(P.O. Box NOT acceptable)

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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.

*Paul Schneider*  
 (Signature of an officer or director)

Carl Schneider *President*  
 (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.*

*[Signature]*  
 (Signature of Registered Agent)

9/22/05  
 (Date)

If signing on behalf of an entity:

MICHAEL L. HYMAN  
 (Typed or Printed Name)

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