728625

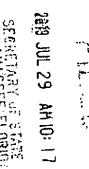
(Re	questor's Name)			
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: THE PALMS OF KEY BISCAYNE-A CONDOMINIUM, INC.	
Name of Corporation	
DOCUMENT NUMBER: 728625	13.55 Ex
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ig. To to
Please return all correspondence concerning this matter to the following:	1967

Alberto Cohen Name of Contact Person CPM Corporation Firm/Company 1801 Coral Way, Ste. 305 Address Miami, FL 33145 City/State and Zip Code

alberto@cpmcorporation.com

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

For further information concerning this matter, please call:

Alberto Cohen

Name of Contact Person

at (305) 285-6962

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 char	provisions of sections 607.0502, 617. Inge is submitted for a corporation of to change its registered office or re	rganized under the laws of the Stat	e of Florida
1. The name of the	ne corporation: THE PALMS C	F KEY BISCAYNE-A CO	ONDOMINIUM, INC
	office address: 77 Crandon Blv		
3. The mailing ac	ddress (if different): 1801 Coral	Way, Ste. 305, Miami, FL	33145
4. Date of incorp	oration/qualification: 01/09/197	4 Document number: 72	8625
	street address of the current register ment of State: (If resigned, enter res		ile with the
	CPM Corporation		
-	1801 Coral Way, Ste. 305	, Miami, FL 33145	
(if changed):	street address of the new registered		7.0
-	1801 Coral Way, Ste. 305, P.O. Box	NOT acceptable	JUL 29 AH I
	ss of its registered office and the str be identical.		<u> </u>
Such change was authorized by the	s authorized by resolution duly adop e board, or the corporation has beer	pted by its board of directors or by a notified in writing of the change	y an officer so
I hereby accept t I further agree to performance of n	the appointment as registered agent to comply with the provisions of all s ny duties, and I am familiar with an s document is being filed merely to that the corporation has been notific	statutes relative to the proper and ad accept the obligation of my pos	Complete sition as registered
Signs	ature of Registered Agent	7 - 2 2 Date	-19
If signing on beh	·	·	
Alberto Coh	en ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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