

729994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

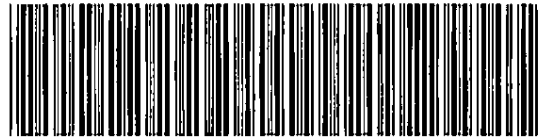
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200333355872

08/29/19--01001--015 \*\*245.00

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 29 PM 12:10

*Ra Change*

SEP 19 2019

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tigertail Bay Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 729994

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:

Edoardo Meloni, Esq.

Name of Contact Person

The Meloni Law Firm

Firm/Company

1701 NE 164th Street, Ste. 303

Address

North Miami Beach, FL 33162

City/State and Zip Code

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

For further information concerning this matter, please call:

Edoardo Meloni

Name of Contact Person

954

368-1330

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

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 29 PM 12:10

**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: Tigertail Bay Condominium Association, Inc.  
2. The principal office address: c/o Guarantee Management Services  
3785 NW 82nd Avenue, Ste. 109, Doral, FL 33166  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/07/1974 Document number: 729994

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)

The Meloni Law Firm

900 SO. STATE RD. 7

PLANTATION, FL 33317

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

The Meloni Law Firm

1701 NE 164th Street, Ste. 303

P.O. Box NOT acceptable

North Miami Beach, FL 33162

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.

Lynn Liddell  
Signature of an officer or director

LYNN LIDDELL, SECRETARY  
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

8/23/19  
Date

If signing on behalf of an entity:

EDOARDO MELONI  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03-12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 29 PM 12:11