

730749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

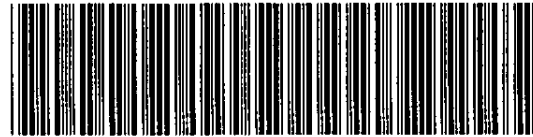
(Business Entity Name)

(Document Number)

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12 OCT 17 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations  
Ambassadors East Condominium Association, Inc.

**SUBJECT:** 730749 Name of Corporation

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

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 D. Birnholz, Esq.**

\_\_\_\_\_  
Name of Contact Person  
**Michael D. Birnholz, P.A.**

\_\_\_\_\_  
Firm/Company  
**1025 Kane Concourse, Suite 203**

\_\_\_\_\_  
Address  
**Bay Harbor Islands, FL 33154**

\_\_\_\_\_  
City/State and Zip Code  
**michael @ birnholzlaw.com**

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

For further information concerning this matter, please call:

**Michael D. Birnholz** at ( **305** ) **868-5368**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2012

MICHAEL D. BIRNHOLZ, ESQ.  
MICHAEL D. BIRNHOLZ, P.A.  
1025 KANE CONCOURSE, SUITE 203  
BAY HARBOR ISLANDS, FL 33154 US

SUBJECT: AMBASSADORS EAST CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 730749

We have received your document for AMBASSADORS EAST CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 6 must contain a signature and printed name/title of an officer or director of the Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 612A00023854

RECEIVED  
12 OCT 17 AM 9:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

**Ambassadors East Condominium Association, Inc.**

1. The name of the corporation 3215 S. Ocean Drive, Highland Beach, FL 33487

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

09/23/1974

730749

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

Atlantic & Pacific Management

622 Banyan Trail, Suite 150

Boca Raton, FL 33431

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

Michael D. Birnholz, Esq.

1025 Kane Concourse, Suite 203

P.O. Box NOT acceptable

Bay Harbor Islands, FL 33154

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.

Heroina Lischinsky  
Signature of an officer or director

HEROINE LISCHINSKY, 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.

Michael D. Birnholz  
Signature of Registered Agent

09/13/2012 Date

If signing on behalf of an entity:

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  
12 OCT 17 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA