732065

| estor's Name) | | | |
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| ss) | | | |
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| tate/Zip/Phon | e #) | | |
| WAIT | MAIL | | |
| ess Entity Nar | me) | | |
| ment Number) | 1 | | |
| Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2016 JUN 13 PM 2: 3

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUDJECT. | BISCAYNE 21 CON | DOMINIUM INC | |
|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | BISCAYNE 21 CON Name of | Corporation | |
| DOCUMENT NUM | IBER: | 732065 | The state of the s |
| The enclosed Statem | ent of Change of Registered Offi | ce/Agent and fee are subm | itted for filing. |
| Please return all corr | espondence concerning this matt | er to the following: | |
| _ | Russell M. Name of C | Robbins, Esq. ontact Person | |
| - | Mirza Basulto Firm/C | & Robbins, LLP Company | |
| • | | ontage Road, Suite 22 dress | |
| | Miami Lakes City/State | , Florida 33016 and Zip Code | |
| Ē | rrobbins@mb E-mail address: (to be used for | orlawyers.com future annual report noti | ification) |
| For further informat | on concerning this matter, please | call: | |
| Russe | ell M. Robbins, Esq. | at (<u>954</u>) Area Code & Dayt | 510-1000 time Telephone Number |
| Enclosed is a \$35.00 | check made payable to the Depa | artment of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Clifton Build | Section Corporations ing ve Center Circle |

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of char | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \overline{Flo} is to change its registered office or registered agent, or both, in the State of Flor | orida | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----|
| | the corporation: BISCAYNE 21 CONDOMINIUM, INC. office address: 2121 N. BAYSHORE DR., OFFICE 33137 | | |
| 3. The mailing as MIAMI, F | ddress (if different): 2121 N. BAYSHORE DR., OFFICE | | |
| 4. Date of incorp | oration/qualification: 11/26/2003 Document number: | 732065 | |
| | street address of the current registered agent and registered office on file with trnent of State: (If resigned, enter resigned) | the | |
| | DeCarlo, Gioia ESQ | | |
| | 828 N W 9 Court | 77. S | |
| | MIAMI, FL 33136 | SECR | -11 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | +-4-4 | |
| | Mirza Basulto & Robbins, LLP | SE S | |
| | 14160 Palmetto Frontage Road, Suite 22 P.O. Box NOT acceptable | PM 2: 34 OF STATE E, FLORIDA | |
| | Miami Lakes, Florida 33016 | · | |
| The street addre | ess of its registered office and the street address of the business office of its be identical. | registered agent, | |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an or be board, or the corporation has been notified in writing of the change. | fficer so | |
| | Otto Paier, Preside Printed or typed name and title | | |
| I hereby accept I further agree to of my duties, an doctonent is bein corporation has | the appointment as registered agent and agree to act in this capacity. Occumply with the provisions of all statutes relative to the proper and comp defending with and accept the obligation of my position as registered in the marely to reflect a change in the registered office address, I hereby been notified in writing of this change. | lete performance agent. Or, if this confirm that the | |
| | In 3) * 16 | | |
| 1 | nature of Registered Agent Date | | |
| If signing on bel | half of an entity: | | |
| | I. Robbins, Esq., Partner ypd or Printed Name | | |
| 1 | * * * FILING FEE: \$35.00 * * * | | |
| M | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32 | 2314 | |

CR2E045 (8/05)