737310

(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:		





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06/20/25--01006--018 **35.00

y 8/9/2025

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: BILTMORE II CONDOMINIU Name of Corporation	IM ASSOCIATION INC.		
DOCUMENT NUMBER: 737310			
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:		
Name of Contact Person			
KAYE BENDER REMBAUM, P.L.			
Firm/Company			
1200 PARK CENTRAL BLVD SOUTH			
Address			
POMPANO BEACH, FLORIDA 33064			
City/State and Zip Code			
manager@biltm			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, p	please call:		
MANAGER	at (305) 448-4765 Area Code & Daytime Telephone Number		
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	Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of <u>FLC</u> ir to change its registered office or registered agent, or both, in the State of Floric	JRIDA
1. The name of t	the corporation: BILTMORE II CONDOMINIUM ASSOCIATION INC.	
2. The principal	office address: 600 BILTMORE WAY, CORAL GABLES, FLORIDA 33134	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11/16/1976 Document number: 737310	
5. The name and	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	DAVID H ROGEL, ESQ	60
	2525 PONCE DE LEON SUITE 825	2025 :: 1 20
	CORAL GABLES, FLORIDA 33134	.1 20
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	KAYE BENDER REMBAUM, P.L.	7: 1:4
	1200 PARK CENTRAL BLVD. SOUTH	
	P.O. Box NOT acceptable	
	POMPANO BEACH, FLORIDA 33064	
The street address changed will	ess of its registered office and the street address of the business office of its reg be identical.	gistered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an offi he board, or the corporation has been notified in writing of the change.	cer so
Ph.	RONALD LACAYO, PRESIDENT	
I hereby accept I further agree of my duties, an	The appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed a merely with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby costs to see a change in the control of the proper and completed agent mortified in writing of this change.	te performance ent. Or if this onfirm that the
	JUNE 4, 2025	
Sig	grature of Registered Agent Date	
If signing on bo	chalf of an entity:	
	Typed or Printed Name	
	* * * FILING FFF: \$35.00 * * *	

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