

748739

(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:

Wmils

Office Use Only



800418863028

07/26/24--01011--02- *15...

FILED

2024 JUL 26 AM 7:06

6:11:17

Michael C. Gongora
Shareholder
Board Certified Specialist, Condominium and
Planned Development Law
Phone: 305.260.1014 Fax: 305.442.2232
mgongora@beckerlawyers.com

Becker

Becker & Poliakoff
2525 Ponce de Leon Blvd, Suite 825
Coral Gables, FL 33134

June 14, 2024

Via Certified Mail : 9414 8149 0337 8960 0048 20

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

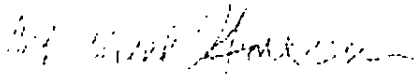
Re: **5825 Corinthian Condominium Association, Inc.**
Document Number: 748739

To Whom It May Concerns:

Enclosed please find the Statement of Change of Registered Agent form along with Check #002539 in the amount of \$35.00 made payable to the Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Michael C. Gongora
For the Firm

MCG/khe
Enclosures

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: 5825 Corinthian Condominium Association, Inc.
2. The principal office address: 5825 Collins Avenue, Miami Bch, FL 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8.31.1979 Document number: 748739
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)

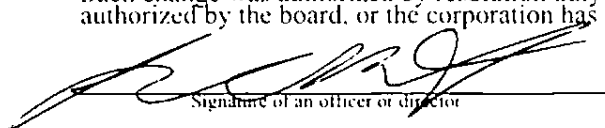
Bauman, David
6550 N. Federal Highway Suite 220
Fort Lauderdale, FL 33308

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

Becker & Poliakoff, P.A
2525 Ponce de Leon Blvd, Suite 825
P.O. Box NOT acceptable
Coral Gables, FL 33134

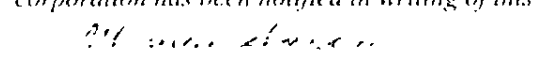
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

JOHAN VEST PRES.
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 of Registered Agent

5.29.2024
Date

Signature of Registered Agent

Date

If signing on behalf of an entity:

Michael C. Gongora

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 (04/13)