## 754543

(Requestor's Name)
MERL MANOR CONDOMINIUM ASSOCIATION, INC. 3535 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140
(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



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SEGRETARY OF STATE

09/25/06--01061-<sup>1</sup>016

**COVER LETTER** 754543 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:

For further information concerning this matter, please call:

Amendment Section Division of Corporations

**DOCUMENT NUMBER:** 

TO:

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 Tallahassée, FL 32301

## Merl Manor Condominium Association, Inc 3535 Indian Creek Drive Miami Beach, Florida 33140

November 26, 2006

To Whom This May Concern;

I am very sorry it took so long to send back. It took a while to get the letter and then redo with the signatures. I understood we had till the 28 of November to get it back to you. It is the same letter I sent to you the first time, on time, I thought it was already mailed to you, I am truly sorry and don't wish to cause a problem for the association Please understand and accept it now.

Thank you

Michael Schlogs



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2006

MERL MANOR CONDOMINIUM ASSOCIATION, INC. 3535 INDIAN CREEK DR. MIAMI BEACH, FL 33140

SUBJECT: MERL MANOR CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 754543

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE THE ATTACHED FORM WITH CURRENT REGISTERED AGENT AND OFFICE STATED IN SECTION 5 AND THE NEW REGISTERED AGENT AND OFFICE STATED IN SECTION 6. ALSO, PLEASE HAVE ONE OF THE OFFICERS/DIRECTORS TO SIGN ON THE FIRST SIGNATURE LINE PROVIDED AND THE "NEW" REGISTERED AGENT TO SIGN ON THE LAST SIGNATURE LINE.

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) 245-6906.

Darlene Connell Document Specialist

Letter Number: 806A00057766

## 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 Hone
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Mer Maror Coadoninium Association
2. The principal office address: 333-1 dear Mil Ir.  Within Road Ha 33140
3. The mailing address (if different):
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Dennis T. Elsinger, Esq.  1000 Holly word Blvd.  Rolly and Ha 3312000 The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Sheldon Giffeson CPA.  1100 NE- 163 St. #401  (P.O. Box, NOT acceptably Broch, Ta 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.
(Signature of an officer or director)  Mostle: Acheman (Printer 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)
If signing on behalf of an entity:  (Typed or Printed Name)
Mchael Schloss * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPÁRTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)