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Change

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SECRETARY OF STATE

10/2/11

COVER LETTER

TO: Amendment Division of C	Section Corporations	•				
SUBJECT: TI	ne Cosmopolitan Reside Name of C	nces on South Beach orporation				
DOCUMENT NUM	IBER: NOO	000001484				
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:						
Gary M Mars Name of Contact Person						
	Name of Cor	ntact Person				
Liveran Consisten 9 Marie 11 D						
Hyman Spector & Mars, LLP Firm/Company						
_	150 West Flagler					
	Add	ress				
Miami, Florida 33130 City/State and Zip Code						
	·					
manager@thecosmopolitan.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Claudia Flores	at (305) 535-1280 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 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

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the S	tate of Florida	his 		
1. The name of the corporation: The Cosmopolitan Residences on South Beach Condominium 2. The principal office address: 110 Washington Ave. Miami Beach FL 33139 Association, Inc.						
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	Document number:				
	I street address of the current registered a tment of State: (If resigned, enter resigned		n file with the			
	David B Haber, P.A.					
	201 South Biscayne BLVD, STE					
	Miami FL 33131					
6. The name and (if changed):	l street address of the new registered ager	nt (if changed) and /or regist	SECRETANA ered of AHA	<u> </u>		
	Hyman, Spector & Mars, LLP		TARY			
	150 West Flagler Street, 27th F			m		
	Miami, Florida 33130	T acceptable	STATE LORIE	O		
The street address changed will	ess of its registered office and the street be identical.	address of the business off	ice of its register	ed agent,		
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors of the characters of	or by an officer songe.)		
Signatur	e of an officer or director	Jared Bru Printed or typed no	unnabend ame and title			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	d agree to act in this capac utes relative to the proper c igation of my position as re e registered office address,	city. and complete per egistered agent. I hereby confirn	formance Or, if this 1 that the		
	MA A	May	20,001	1		
	half of an_entity:	Цаte				
Gar	pped or Printed Name					

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