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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

S TALLENT NOV 1 5 2018

Email Address:

Email Address:

## REGISTERED AGENT CHANGE FLAGLER CENTER OWNERS ASSOCIATION, INC.

Certificate of Status	0
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## COVER LETTER

TQ: Amendment Section Division of Corporations

Flagler Center Owners Association, Inc. Name of Corporation 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: Jessica Perez Name of Contact Person Firm/Company 117 NE 1st Avenue, 11th Floor Address Miami, FL 33132 City/State and Zip Code kolleen.cobb@feci.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Perez

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

CR2E045 (03/12)

## 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: Flagler Center Owners Association, Inc.	
2. The principal office address: 117 NE 1st Avenue, 11th Floor, Miami, FL 33132	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/25/2000 Document number: N0000004935	
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)	
Kolleen O.P. Cobb	<u> </u>
2855 LeJeune Road, 4th Floor	
Coral Gables, FL 33134	.C. 73
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	.: 
Kolleen O.P. Cobb	
117 NE 1st Avenue, 11th Floor	
P.O. Box NOT acceptable  Miami, FL 33132	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	ı
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.	
Supplier of an officer or director   Juan Godal use President	
I hereby accipit 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.	
11/14/2018	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Kolleen O.P. Cobb  Typed or Printed Name	

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