NDDDDDD3708

(Re	questor's Name)					
(Ad	dress)					
(Address)						
(City/State/Zip/Phone #)						
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Island Place at Bay Harbo					
Name	of Corporation				
DOCUMENT NUMBER: N	01000003708				
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Mauri	Peyton, Esq.				
Name of	Contact Person				
PeytonBolin, PL					
Firs	n/Company				
4792 West Co	ommercial Boulevard				
	Address				
Fort Lauderd	dale, Florida 33319				
City/Sta	te and Zip Code				
Mauri@n	eytophlin com				
E-mail address: (to be used f	eytonblin.com or future annual report notification)				
	,				
For further information concerning this matter, plea	ase call:				
Mauri Peyton, Esq.	at / 954 \ 316-1339				
Name of Contact Person	at (954) 316-1339 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the De	epartment of State.				
Mailing Address: Amendment Section	Street Address:				
Amendment Section Division of Corporation	Amendment Section S Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

Ą

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation o er to change its registered office or r	organizea	l under the laws of the State	of Florida	-
1. The name of	the corporation: Island Place	at Bay	Harbor Condomin	i <u>um Associatior</u>	ı, inc
2. The principal	office address: 9721 East Bay	Harbor	Drive		
Bay Harbo	or Islands, Florida 33154				
=	address (if different): C/O Franma scayne Boulevard, Suite 210,				
4. Date of incor	poration/qualification: 05/29/2	2001	_ Document number:	N01000003708	}
•	d street address of the current registerument of State: (If resigned, enter re	_	t and registered office on fi	le with the	
	Fernando J. Portuondo, P.A	٩			
	2121 Ponce de Leon Boule	vard, S	uite 950		
	Coral Gables, Florida 3313	4			TO NOV
6. The name and (if changed):	d street address of the new registered	d agent (ii	f changed) and /or registere	d office	
	PeytonBolin, PL	····			117
	4792 West Commercial Box	ulevard			,
		lox NOT acc	eptable		',
	Fort Lauderdale, Florida 33	319			
	ess of its registered office and the s l be identical.				ıt,
Such change w authorized by	as authorized by resolution duly ac he board, or the corporation has be	dopted by en notific	its board of directors or bed in writing of the change	by an officer so	
_	tre of an afficer or director	1 ··	Kathleen Kenned Printed or typed name		-
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed meyely to reflect a change s been notified in writing of this ch	ent and a il statutes ne obligat e in the re nange.	gree to act in this capacity i relative to the proper and ion of my position as regi gistered office address, I	, d complete performan stered agent. Or, if th hereby confirm that th	ice iis he
		_	November	, 2010	_
	frature of Registered Agent		Date		
If signing on be	ehalf of an entity:				
	Typed or Printed Name				

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