

NO2000000909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

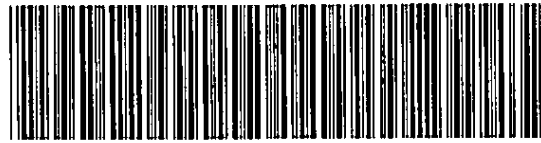
(Document Number)

Certified Copies _____ Certificates of Status _____

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7/19/22

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FILED
JUL 19 PM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 19 AM 7:49

SEC. OF STATE
TALLAHASSEE, FL

July 5, 2022

MICHAEL HOFFMAN
1235 MERIDIAN AVE. #5
MIAMI BEACH, FL 33139

SUBJECT: 1235 MERIDIAN CONDO ASSOCIATION CORP.
Ref. Number: N02000000809

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):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 222A00015036

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1235 Meridian Condo Association Corp.
Name of Corporation

DOCUMENT NUMBER: N02000000809

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:

Michael Hoffman

Name of Contact Person

1235 Meridian Condo Association Corp. (Secretary)

Firm/Company

1235 Meridian Ave. #5

Address

Miami Beach, FL 33139

City/State and Zip Code

mhoffman@hoffman-dc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hoffman

Name of Contact Person

at (786) 390-7778

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: 1235 Meridian Condo Association Corp.

2. The principal office address: 1235 Meridian Ave. #5
Miami Beach, FL 33139

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/05/2002 Document number: N02000000809

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)

Royal Management Group LLC
1234 Washington Ave. Suite 200
Miami Beach, FL 33139

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

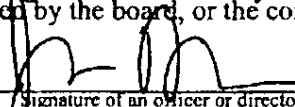
Michael Hoffman
1235 Meridian Ave. #5
Miami Beach, FL 33139

P.O. Box NOT acceptable

FILED
JUL 19 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FL

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

John Marder (President)

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.

Michael S. Hoffman

Signature of Registered Agent

4/5/2022

Date

If signing on behalf of an entity:

Michael S. Hoffman

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