

N02000005844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

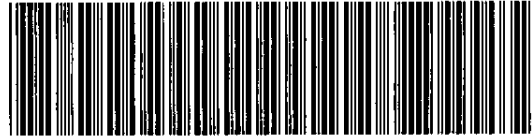
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 3 PM 12:51

RA/RD/chg  
10/11/3/11

October 26, 2011

2881 E. Oakland Park Blvd., Ste. 409  
Fort Lauderdale, FL 33306

Irene Albritton  
Division of Corporations  
PO Box 6327 Tallahassee, FL 32314

Dear Ms. Albritton:

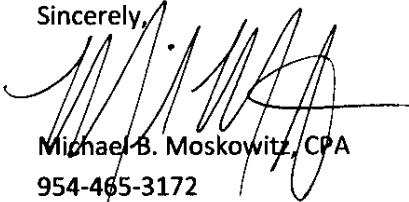
We spoke on the phone yesterday and I had submitted a photocopied form to change the registered agent for M Resort Residences Condominium Association, Inc.

Here is an actual form that I just got re-signed.

Please kindly make the change of registered agent as a result.

Thank you.

Sincerely,



Michael B. Moskowitz, CPA  
954-465-3172

RECEIVED

11 NOV -3 AM 10:02

TALLAHASSEE, FLORIDA

Divisions of Corporations-Office Bldg.  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2011

BECKER & POLIAKOFF, P.A.  
3111 STIRLING ROAD  
FORT LAUDERDALE, FL 33312

SUBJECT: M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N02000005844

We have received your document for M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 111A00018304

**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: M Resort Residences Condominium Association, Inc.

2. The principal office address: 18683 Collins Avenue, Sunny Isles Beach, FL 33160

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/1/02 Document number: N02000005844

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)

Michael Moskowitz

2881 E. Oakland Park Blvd. #409

Ft. Lauderdale, FL 33306

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

Becker & Poliakoff, P.A.

~~3114 Stirling Road~~

Coal Gables

Ft. Lauderdale, FL 33342 33134

P.O. Box NOT acceptable

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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]  
Signature of an officer or director

Miguel A. Pinzon, 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.

[Signature]  
Signature of Registered Agent

7/21/11  
Date

If signing on behalf of an entity:

Kenneth S. Direktor

Typed or Printed Name

David H. Rogel

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)