

102461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

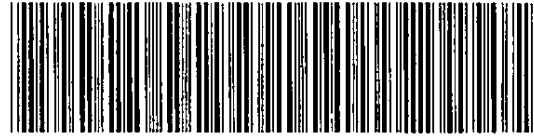
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 14 P 1:43

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JUN 20 2017  
T. LEMIEUX

LFAC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KENLAND POINTE CONDOMINIUM IV, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N02461

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:

E. Thomas Septembre  
Name of Contact Person

KEYSTONE LAW FIRM, P.A.  
Firm/Company

12865 West Dixie Highway, 2nd FL  
Address

North Miami, Florida 33161  
City/State and Zip Code

tseptembre@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Septembre at ( 305 ) 8998588  
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**

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: KENLAND POINTE CONDOMINIUM IV, INC
2. The principal office address: 2 South Biscayne Blvd. Suite 3760, Miami, Florida 33131
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/10/1984 Document number: N02461
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)

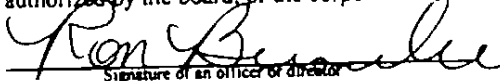
Lourdes Armengol, Attorney  
7850 N W 146 Street, Suite 424, Miami Lakes, Florida 33016

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

KEYSTONE LAW FIRM, P.A.  
12865 West Dixie Highway, Second Floor  
P.O. Box NOT acceptable  
North Miami, Florida 33161

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

RON BASINSKI  
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 of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

FRANK WOLLAND, ESQ, For The Firm  
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  
CR2E045 (03/12)

FILED  
2017 JUN 13 11:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE