NO3 000 000 489

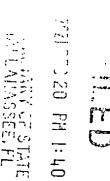
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Y SULKER.

JAN 1: 2022

COVER LETTER

Division of Corporations
SUBJECT: 360 Condominium B Association Inc. Name of Corporation
DOCUMENT NUMBER: <u>N0300000</u> 489
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:
Adahy Svarez Name of Contact Person Atlantic and Pacific Finn/Company 7910 Harbor Island Dr. Address North Bay Village, FL, 33134 City/State and Zip Code 3606/Mar@apmanagement.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adaly Svavet at (305) 397-8892 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

Amendment Section

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 Florisa	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: 360 CONDONINIUM B Association, I	J
2. The principal office address: 7910 HARBOR ISLAND DRIVE	_
NORTH BAY VILLAGE, FU 33141	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 01/21/2003 Document number: N0300000048	- ~
	2
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)	
a a	
GULSKY RAGAN, PA	
141 NE BED AVENUE	
MiAMI, FLA 33132	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
DNIDL, BROUGH, FSQ	
2149 N. COMMERCE PARKWAY	
Weston, FLA 33326	à
Weston, FLA 33324	j
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.	
Grada D. J. J. C. Dan O. J.	
Signature of an office of director . Lindo GROAD DOD - 1005(dos)	
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 Midwell Assess	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
DAVID L. BROUGH	
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)