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EXAMINER

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.
I. The name of the corporation: Biton Plaza Office Condominium Association, Inc.
2. The principal office address: 8050 N. UNIVERSITY DR. C/O HOUSE FORT LAUDERDALE FL 33321
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/02/2004 Document number: N03000002570
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)
SOKOLOFF, BARRY
8050 N. UNIVERSITT DR #205
FORT LAUDERDALE FL 33321 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mirza Basulto & Robbins, LLP
14160 Palmetto Frontage Road, Suite 22
P.O. Box NOT acceptable Miami Lakes, Florida 33016
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 hur forized 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.
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I further ugree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am further with and accept the obligation of my position as registered agent. Or, if this document is being their werely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
If signing on behalf of an excity: Russell M. Robbins, Esq., Partner 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