

N030000006346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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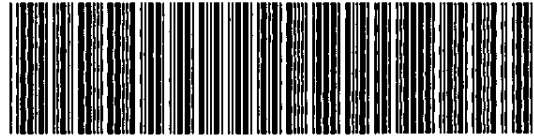
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown

12-19-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hypoluxo's Mariners' Cay Condominium
Name of Corporation Association, Inc.

DOCUMENT NUMBER: NO30000006346

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:

Robert Burr, Esq.
Name of Contact Person

St. John Rossin Burr + Lemme, PLLC
Firm/Company

1601 Forum Place, Suite 700
Address

West Palm Beach FL 33401
City/State and Zip Code

marinerscay@mymda.com

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

For further information concerning this matter, please call:

Robert Burr at (561) 655-8994
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: Hypoluxo's Mariners' Cay Condominium Association, Inc.
2. The principal office address: 4755 Technology Way, #202, Boca Raton, FL 33431
3. The mailing address (if different): " "

4. Date of incorporation/qualification: 7-24-03 Document number: N03000006346

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)

Steve Lippman
4755 Technology Way #202
Boca Raton FL 33431

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

Robert Burr, Esq.
St. John Rossin Burr + Lemme PLLC
P.O. Box NOT acceptable
1601 Forum PLACE, Suite 700, West Palm Beach,
FL 33401

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

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.

Robert B. Burr
Signature of Registered Agent

11-29-11
Date

If signing on behalf of an entity:

St. John Rossin Burr + Lemme, PLLC
Typed or Printed Name

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