N0300007809

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RAchange 10-2-08

COVER LETTER

TO: Amendment Section Division of Corporations		
Ponincula Condominium Association, Inc.		
SUBJECT: Peninsula Condominium Association, Inc. (Name of Corporation)		
DOCUMENT NUMBER: N03000007809		
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:		
Lisa A. Lerner, Esquire		
Lisa A. Lerner, Esquire (Name of Contact Person)		
Siegfried, Rivera, Lerner, De La Torre & Sobel, P.A. (Firm/Company)		
201 Alhambra Circle, Suite 1102 (Address)		
Coral Gables, FL 33134		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Lisa A. Lerner, Esquire at (305) 442-3334 (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 Street Address: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	The
	he corporation: Peninsula Condominium Association, Inc.
2. The principal	office address: 3201 NE 183rd Street, Aventura, FL 33160
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: September 10, 2003 Document number: N0300007809
	street address of the current registered agent and registered office on file with the truent of State:
	The Peninsula Condominium Association, Inc.
	3201 NE 183rd Street
	Aventura, FL 33160
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	SKRLD, Inc.
	201 Alhambra Circle, Suite 1102
	(P.O. Box NOT acceptable)
	Coral Gables, FL 33134
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Edecay	d Steinberg Cand Printed or typed name and title)
I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
_ diss	gnature of Registered Agent) 9/8/08 (Pate)
If signing on be	half of an entity:
	ner, Secretary 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 (8/05)