N03000010274

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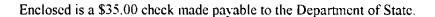


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COVER LETTER

TO:	Amen	dment Section	
	Divisi	on of Corporations	
			6.
SUBJ	ECT:_	NEO LOFTS CONDOMINIUM ASSOCIATION, INC.	
		Name of Corporation	900
		·	
DOC	UMENT	N03000010274	NUMBER:
The er	nclosed S	Statement of Change of Registered Office/Agent and fee are submitted for f	iling.
Please	return a	Il correspondence concerning this matter to the following:	
		CARLA A. JONES, ESQ.	
		Name of Contact Person	
		WALTON JONES & BROWNE Firm/Company	
		550 NE 124 STREET Address	
		NORTHAMANA EV 22171	
		NORTH MIAMI, FL 33161 City/State and Zip Code	
		·	
		carla@wjblegal.com	
		E-mail address: (to be used for future annual report notification)	•
For fu	rther info	ormation concerning this matter, please call:	
		CARLA A. JONES, ESQ. at (786	-230-1091)

Name of Contact Person





Mailing Address:

Amendment Section Division of Corporations Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations P.O.
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03·12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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 th	e corporation: NEO LOFTS CONDOMINIUM ASSOCIATION, INC.
2. The principal of	office address: 10 SW SOUTH RIVER DRIVE
	. MIAMI, FL 33130
3. The mailing ac	dress (if different): SAME AS ABOVE
4. Date of incorp	pration/qualification: 11/24/2003 Document number: N03000010274
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) WALTON JONES & BROWNE
	1999 SW 27 AVENUE, FIRST FLOOR
_	MIAMI, FL 33145
6. The name (if changed	and street address of the new registered agent (if changed) and /or registered office i): WALTON JONES & BROWNE
_	550 N.E. 124 STREET
	NORTH MIAMI, FL 33161
-	

by the board, or the corporation has been notifie	idopted by its board of directors or by an officer so d in writing of the change.
Signature of an officer or director	Printed or typed name and title
I hereby accent the appointment as registered as	wnt and aurov to act in this canacity
of my duties, and I am familiar with and accept	all statutes relative to the proper and complete perf the obligation of my position as registered agent. C ye in the registered office address, I hereby confirm

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(H5

(03/12)

Typed or Printed Name