

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE

THE CLUB AT BRICKELL BAY PLAZA CONDOMINIU

annual report mailings. Enter only one email address please.**

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: THE CLUB AT BRICKELL BAY PLAZA CONDO	· · . · . · . · ·			
Name of Corpo	ration			
DO CUMENT NUMBER: N04000005766				
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Name of Contact	Person			
Vera + Skiscim, PL				
Firm/Compt	uny			
PO Box 800004				
Address				
Minmi, FL 33280				
City/State and Z	ip Code			
admin@veraskiscim.com				
E-mail address: (to be used for futur	e annual report notification)			
Dimini and toos, for the used tot total	o annual report itemitements			
For further information concerning this matter, please call:				
_	, 786 292-2668			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.			
Malling Address: Amendment Section	Street Address: Amendment Section			
Amenument Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

CR2E045 (03/12)

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, nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	this		
	the corporation: THE CLUB AT BRICKELL BAY PLAZA CONDOMINIUM ASSOCIA	ATTON INC		
2. The principal	1900 DRICKETT DAY BROW DERIVE 1400 A CASE TO 92121			
3. The mailing a	ddress (if different):			
4. Date of incom	noration/qualification: 06/09/2004 Document number: N04000005766			
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)			
	SKRLD, Inc.			
	201 Alhambra Citele, 11th Floor	SI		
	Coral Gables, FL 33134	ECR:	- Tr	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	HASSE	19Y 20	
	C T Corporation System	五0	:>+ -*-	
	c/o C T Corporation System, 1200 South Pine Island Road	-021 -021	=	
	P.O. Box NOT acceptable Plantation, Florida 33324	DA UA	<u>۵</u>	
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,		
Such change we authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer, is board, or the corporation has been notified in writing of the change.	50		
349040	BARBAT JULIU Printed or director	15,Pre	જો દેવ	inf
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the prover and complete my duties, and I am familiar with and accept the obligation of my position as registed accument is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	istered us, I		
Bv: (V	Source of Registered Agent 1/19/2013			
Siena Bur Vice Presi	half of an entity: ts dent & Assistant Secretary ped or Printed Name			

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

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