

NO 400000 9425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

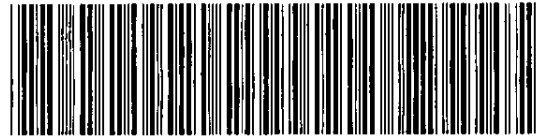
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



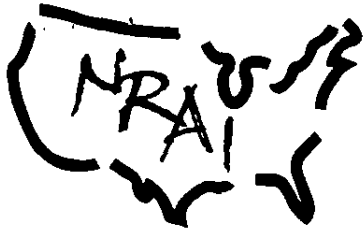
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FILED  
13 FEB 26 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 28 2013



National Registered Agents, Inc.  
11600 College Boulevard  
Suite 210  
Overland Park, KS 66210  
800.550.6724  
Fax 913.851.0713

February 20, 2013

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: The Ponce Tower Commercial Condominium Association, Inc.

Dear Sir/Madam,

Enclosed herewith is a request to change the Registered Agent of record, accompanied by our check, for the above captioned The Ponce Tower Commercial Condominium Association, Inc.

Please return official evidence of the completed filing in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Jessica Cox, Assistant Secretary  
National Registered Agents, Inc.

Enclosure - Check

**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: The Ponce Tower Commercial Condominium Association, Inc.
2. The principal office address: 1805 Ponce De Leon Blvd., Suite 210, Coral Gables, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/04/2004 Document number: N04000009425
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)

Interamerican Corporate Services LLC

2525 Ponce De Leon Blvd., Suite 1225

Coral Gables, FL 33134

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

NRAI Services, Inc.

515 East Park Avenue,

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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]  
Signature of an officer or director

Greg Freedman, President  
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.*

By: NRAI Services, Inc.

[Signature]  
Signature of Registered Agent

JANUARY 18, 2013  
Date

If signing on behalf of an entity:

By: Jessica Cox, Assistant 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 (03/12)

FILED  
13 FEB 26 PM 3:30  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE