NO5000001046

(Re	equestor's Name)	
(Ac	ldress)	
(Δ)	ldress)	
(/ 10	idicaaj	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
τ,	Office Use On	lv



800263493758

08/25/14--01023--014 **35.00

THE PH 3:43
SECRETARY OF STATE.

(1.M. 8.2814

COVER LETTER

TO: Amendment Section Division of Corporations

Olas Azules Condominium Association, Inc. SUBJECT:

Name of Corporation

N05000001046

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:

Krisia Del Prado

Name of Contact Person

Olas Azules Condominium Association, Inc

Firm/Company

311 86th Street # 4

Address

Miami Beach, FL 33141

City/State and Zip Code

olasazulescondo@yahoo.com

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

For further information concerning this matter, please call:

Krisia Del Prado

Name of Contact Person

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: Olas Azules Condominium Association, Inc.	
2. The principal office address: 311 86th Street # 4 Miami Beach, FL 33141	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/01/2005 Document number: N05000001046	
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)	
Castro and Ramirez, LLC	
1805 Ponce De Leon Blvd Suite 500	
Coral Gables, FL 33134	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Krisia Del Prado	ħ
26 E N 122	inter-
P.O. Box NOT acceptable	7
Nilatin Bodon, 12 00 14 1	7
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.	
Krisia Del Prado	
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.	
8-11-2014	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Krisia Del Prado	
Typed or Printed Name	

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

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