N05000002996

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: VALENCIA SOUTH MIAMI CONDO Name of Corporation			
DOCUMENT NUMBER: N05000002996			
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:			
Paola Saettone			
Name of Contact Person			
Castle Group			
Firm/Company			
6001 SW 70th Street			
Address			
Miami, FL 33143			
City/State and Zip Code			
psaettone@castlegroup.com			
E-mail address: (to be used for future annua	report notification)		
For further information concerning this matter, p	please call:		
Paola Saettone	at (305)662-4807 Area Code & Daytime Telephone		
Name of Contact Person	Area Code & Daytime Telephone		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of $\frac{FLC}{C}$	ORIDA
1. The name of	<u>-</u>	THE MIAMI CONDOMINIUM ASSOCIATION,	
	c/o Castle Gro	oup, PO Box 559009, Ft. Lauderdale, FL 33355	
	poration/qualification: 3/23/2005		96
5. The name and		tered agent and registered office on file with t	
	Becker Law		203
	1 East Broward Blvd, Suite #1800	<u> </u>	2024 OCT -8
	Fort Lauderdale, FL 33301		1-8 1-8
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	AM 9: 08
	APPLETON REISS, PLLC		08 High
	215 N. HOWARD AVENUE, SUIT	TE 200	
	TAMPA, FL 33606	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re	egistered agent,
		dopted by its board of directors or by an off cen notified in writing of the change.	
	n Sul	TAN POVEDA, DI	BECTOR
I hereby accent	the appointment as registered ag to comply with the provisions of a and I am familiar with and accept th ing filed merely to reflect a chang is been notified in writing of this c	ent and agree to act in this capacity. Ill statutes relative to the proper and comple the obligation of my position as registered as e in the registered office address, I hereby of hange.	ete performance gent. Or, if this confirm that the
Lut	LD Skour- mature of Registered Agent	10/3/2024	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Keith D. Skorew			
Т	yped or Printed Name		

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