

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLOOM CENTER CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000005627

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:

CANDY KAPLAN
Name of Contact Person

KRUGER TAX, ACCOUNTING & FORENSIC ASSOC
Firm/Company

7451 WILES ROAD - SUITE 204
Address

CORAL SPRINGS, FL 33067
City/State and Zip Code

CANDY@KTAF.A.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDY KAPLAN at (954) 772-4000
Name of Contact Person Area Code & Daytime Telephone Number

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: BLOOM CENTER CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5350 WEST ATLANTIC AVENUE
SUITE 100, DELRAY BEACH, FL 33484
3. The mailing address (if different): BLOOM CENTER CONDOMINIUM ASSOC., INC.
7451 WILES ROAD, SUITE 204, CORAL SPRINGS, FL 33067
4. Date of incorporation/qualification: MAY 31, 2005 Document number: N05000005627
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)

BETH L BLOOM
5350 WEST ATLANTIC AVE, SUITE 100
DELRAY BEACH, FL 33484

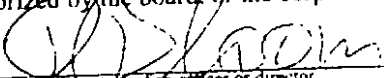
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KRUGER TAX, ACCOUNTING & FORENSIC ASSOCIATES, PLLC
7451 WILES ROAD, SUITE 204
P.O. Box NOT acceptable
CORAL SPRINGS, FL 33067

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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 of an officer or director

DAVID BLOOM, 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.


Signature of Registered Agent

7/30/08
Date

If signing on behalf of an entity:

ALLAN I KRUGER, CPA
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