

N05 0000005883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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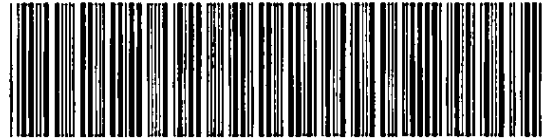
(Business Entity Name)

(Document Number)

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Admission Fee

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** QUAD CONDOMINIUM CORP  
Name of Corporation

**DOCUMENT NUMBER:** N05000005883

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:

Carla A. Jones, Esq.

Name of Contact Person

Law Office of Carla Jones, P.A.

Firm/Company

1125 N.E. 125 Street, Suite 103

Address

North Miami, FL 33161

City/State and Zip Code

carla@cjlawoffices.com

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

For further information concerning this matter, please call:

Carla Jones

Name of Contact Person

at (

786

) 378-8243

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: QUAD CONDOMINIUM CORP  
2. The principal office address: 8125 Crespi Blvd., Miami Beach, FL 33141

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 06/07/2005 Document number: N05000005883  
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)

JONES, CARLA, ESQ.

550 NE 124 Street

North Miami, FL 33161

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

Law Office of Carla Jones, P.A.

1125 N.E. 125 Street, Suite 103, North Miami, FL 33161

P.O. Box NOT acceptable

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.

Carla Jones Esq., authorized agent  
Signature of an officer or director

Carla Jones Esq., authorized agent  
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.

Carla Jones  
Signature of Registered Agent

9/4/2022  
Date

If signing on behalf of an entity:

Carla Jones  
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

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED