

N05000006864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

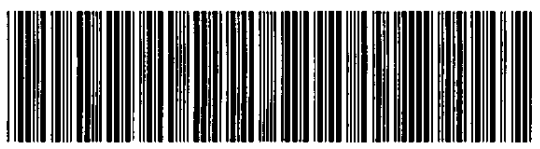
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 21 PM 12:50

Roberts SEP 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quail Roost Commerce Center Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N05 000006864

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:

Kimberly Kivi
Name of Contact Person

Barry I Hechtman CPA PA
Firm/Company

8100 SW 81st DR # 210
Address

Miami, FL, 33143
City/State and Zip Code

Kim@Barryhechtman.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Kivi at (305) 270-0014 x 105
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: Quail Roost Commerce Center Condominium Association, Inc.
2. The principal office address: 8100 SW 81st Drive #210
Miami FL 33143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/05/05 Document number: N05000006864
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)

Ellen Rose
One SE Third Avenue suite 2400
Miami FL 33131

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Barry J. Hechtman
8100 SW 81st Drive #210
P.O. Box NOT acceptable
Miami FL 33143

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

Barry J Hechtman, Treasurer
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

9/17/09
Date

If signing on behalf of an entity:

BARRY J. HECHTMAN
Typed or Printed Name

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