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H)	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FL

2024 OCT -2 PM 12: 35

COVER LETTER

Amendment Section Division of Corporations DOCUMENT NUMBER: NOSODOOD 7457 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: Name of Contact Person For further information concerning this matter, please call:

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

TO:

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Axis on Brickell Muster Association, Inc. 2. The principal office address: 3343 W commenial Blvd #100 FOR Landerdale, FL 33309
3. The mailing address (if different):
4. Date of incorporation/qualification: 721.05 Document number: N0500007-457
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) 5 Krld 100 201 Alhambia Ciall, 11th FL
6. The name and street address of the new registered agent (if changed) and /or registered office
Peyton bolin, PL 3343 W Commenial Blvd #100 For Lauderdale, FL 33309
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. Manifest Atrack
If signing on behalf of an entity: Dominique Clavilo 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 * * *