N05000007490

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Axis on Brickell Il Condominium Association, Inc. SUBJECT:

DOCUMENT NUMBER: NOS 000007490

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:

Maun Person Name of Contact Person
Peyton Bolin, PL Firm/Company
3343 W Commenial Blvd #100
FOA LAUCIERACIE PL 33309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

314-13 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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 2024 OCT -2 PH 12: 24

FILEU

SECRETARY OF STALLAHASSEE, FI

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

Condominium Association, 1. The name of the corporation: α . 2. The principal office address: 32 Commensial Blud #100 FOA Laurierdyle, FC 3330°

3. The mailing address (if different):_

4. Date of incorporation/qualification: 7.21.05 Document number: N0500007490

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RETARY OF ST.

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)

PLD, Inc DI Alhambra Circle <u>bables</u>

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



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.

11-	Marin Perton, attorney
Signature of an officer of director	Printed of typed name and title
I hereby accept the appointment as registered agen. I further agree to comply with the provisions of all , performance of my duites, and I am familiar with an agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notific	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
\mathcal{L}	9/19/24
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Dominique (Gar Typed or Printed Name)	VI D
* * * FILING	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOY 6327, TALLAHASSEE, FL 32314