

NO 500000 7936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

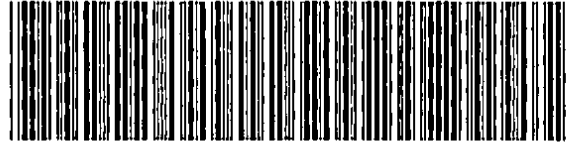
(Business Entity Name)

(Document Number)

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2019 MAY 22 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 18 2019  
C Kinsey

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Venture at Aventura East Condominium Association, Inc  
Name of Corporation

DOCUMENT NUMBER: N05000007936

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:

Mike Porter  
Name of Contact Person  
Venture at Aventura East Condominium Association, Inc.  
Firm/Company  
18800 NE 29th Ave. #1200  
Address  
Aventura, FL 33180  
City/State and Zip Code  
manager@venture-at-aventura.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Porter at (788) 666-5927  
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: Venture at Aventura East Condominium Association, Inc.

2. The principal office address: 18800 NE 29th Ave. #1200 Aventura, FL. 33180

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/03/2005 Document number: N05000007936

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)

Cole, Scott, and Kissane, P.A.
18851 NE 29th Ave. STE 1005
Aventura, FL. 33180

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

Cole, Scott, and Kissane, P.A.
9150 South Dadeland Blvd. #1400
P.O. Box NOT acceptable
Miami, FL. 33156

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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.

Claudine Moshel
Signature of an officer or director

Claudine Moshel, 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

5/14/19
Date

If signing on behalf of an entity:

Cody German
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