1050000008028

(Re	equestor's Name)					
(Address)						
(A	ddress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECOND NAME OF THE PROPERTY OF THE PROPER

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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJI	F.CT: OCEANVIEW BUILDING B CONDOMINIU Name of Corpor						
DOCU	JMENT NUMBER: N05000008028						
The en	nclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the	he following:					
	LOUIS LAFAURIE						
	Name of Contact Person						
BOARD MEMBER							
	Firm/Compa	ny					
	19380 COLLINS AVE Address						
	SUNNY ISLES, FL 33160 City/State and Zip	p Code					
TREASURER@OCEANVIEW-B.COM E-mail address: (to be used for future annual report notification)							
For fun	ther information concerning this matter, please call:						
T!	ULIA BADILLO at	(305) 466-2757 Area Code & Daytime Telephone Number					
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclose	ed 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

statement of cha	mge is submitted _.		rganized under the	laws of the S	Florida Statutes, this state of FLORIDA tate of Florida.
1. The name of t	the corporation:_	OCEANVIEW B	UILDING B COND	OOMINIUM A	ASSOCIATION, INC
2. The principal	office address:	19380 COLLINS	SAVE		
		SUNNY ISLES	, FL 33160		
3. The mailing a	ddress (if differe	nt):			
4. Date of incorp	ooration/qualifica	tion: <u>08/05/2005</u>	Docume	nt number: _	N05000008028
		the current register f resigned, enter res		ered office or	1 file with the
	WHYNOT, G	ARFINKEL			
	300 N MAITI	LAND AVENUE			. 2
	MAITLAND	D, FL 32751			AND FI
6. The name and (if changed):	street address of	the new registered	agent (if changed) a	and /or regist	
	SHIPWASI	H LAW FIRM, P.A.		*** ***	
	<u> </u>	S. Swape P.O. Box Hand, France	Ave Swk	208	NATE AND A
	<u>Mai</u>	Hand, From	da 3275)	
The street address changed will		·			ce of its registered agent,
Such change was	s authorized by r	esolution duly adop orporation has been	pted by its board of i notified in writing	f directors or g of the chan	by an officer so
$\sqrt{3}$	aulilia		TL	· · · · · · · · · · · · · · · · · · ·	_O/ SECRETARY
I juriner agree to performance of i	o comply with the my duties, and L	as registered agent e provisions of all s am familiar with an ing filed merely to r ion has been notifie	statutes relative to ad accept the obliga	the proper a ation of my n	nd complete position as registered
Ilhn.	ature of Registared Ag	must-	- <u>11</u>]	2/18 Date	
If signing on beh	ialf of an entity:				
Pr	coldent				
Tvt	ped or Printed Name				

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