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To:

Division of Corporations

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: (850)617-6380

From:

÷

Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP

Account Number: I20010000015 : (305)372-0933 Phone Fax Number : (305)704-8111

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

elena Orzilaw.com

## REGISTERED AGENT CHANGE ATLANTIC SPRINGS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Atlantic Springs Condominium Association, Inc.
DOCUMENT NUMBER: N05000009558
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:
Carrie My ares
Atlantic Springs Condominium Association, Inc.
11299 W. Atlantic Blvd. Address
Coral Spring, P. 3307
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carrie Miyares at (954) 344-7035 Name of Cohtact 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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

CR2E015 (8/05)

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

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this enge is submitted for a corporation organized under the laws of the State of Florida.  To change its registered office or registered agent, or both, in the State of Florida.	-
The name of the 2. The principal of	he corporation: ATLANTIC Springs Condominum Association office address: 2600 Douglas Road, Suite 502, Coral Gables,	100, Inc. FL 33134
Λ .	Springs, FL 53011	
4. Date of incorp	oration/qualification: 4/15/2005 Document number: 363 N0500000	<u>1558</u>
	street address of the current registered agent and registered office on file with the tunent of State: (If resigned, enter resigned)	weight
	Jose Machado, ESQ	产品 2
	8500 SW 8th ST.	MPR I
	Suite 238	
	Miam PL 55/44 street address of the new registered agent (if changed) and for registered office	
6. The name and (if changed):		
	Elena Otero, Esq. Ritter, Zaretsky, Lieber & Jaime, LLP	
	2915 Biscarne Blvd Suite 300	
	r.d. Bax NOT acceptable	
	- Mami, FL. 33157	
as changed will		11,
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
- Signifun	e of an officer of director Saul Zaaat.  Printed or typed name and liftle	-
I hereby accept if further agree to of my duties, and document is/befi corporation has	the appointment as registered agent and agree to act in this capacity. o-somply with the provisions of all statutes relative to the proper and complete performand I I am familiar with and accept the obligation of my position as registered agent. Or, if to be filed merely to reflect a change in the registered office address, I hereby confirm that to given notified in writing of this change.	nce his he
	Juline of Regionered Agent Date	-
If signing on bel	half of an entity:	
ELBN	A OTSW ped 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

CR2E045 (8/05)