

NO5000009726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

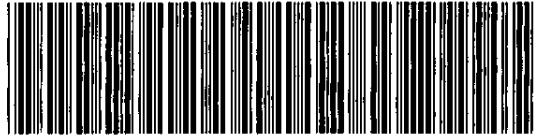
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Theris
12-11-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rive Marseilles Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000009726

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:

Reinaldo Castellanos, Esquire
Name of Contact Person

Reinaldo Castellanos, P.A.
Firm/Company

9960 Bird Rd
Address

Miami, Florida 33165
City/State and Zip Code

rey@castellanoslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reinaldo Castellanos at (305) 223-8744
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rive Marseilles Condominium Association, Inc.
2. The principal office address: 1185 Marseilles Drive
Miami Beach, Florida 33141
3. The mailing address (if different): c/o LMM
P.O. Box 330971, Miami, Florida 33133
4. Date of incorporation/qualification: 09/21/2005 Document number: N05000009726
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)

Becker & Poliakoff, P.A.

c/o Liliana M. Farinas-Sabogal, Esq.

121 Alhambra Plaza, 10th Floor, Coral Gables, FL 33134

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

Reinaldo Castellanos, P.A.

9960 Bird Road.

P.O. Box NOT acceptable

Miami, Florida 33165

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.




Signature of an officer or director

NICOLAS PISANO - TREASURER

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

10/9/09

Date

If signing on behalf of an entity:

REINALDO CASTELLANOS, P.A.

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

CR2E045 (8/05)

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