## N05001/6/2

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/l	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Number)	
Certified Copies Certifi	icates of Status
Special instructions to Filing Office	r:

Office Use Only



200210665332

12/19/11--01011--003 \*\*35.00

MOEC 19 PM 5: 25
SECRETARY OF STATE
ALL AMASSISE FILIPINA

Alchy Alahil

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: THE RIVER FRONT MASTER A	ASSOCIATION, INC.	
DOCUMENT NUMBER: N05000	011612	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.	
Please return all correspondence concerning this matter to th	ne following:	
GARY MAF	RS	
Name of Contact		
HYMAN SPECTOR MARS, LLP		
Firm/Compar	ny	
150 WEST FLAGLER STR	EET, SUITE 2701	
Address	,	
MIAMI, FLORIDA City/State and Zir	A 33130	
City/State and Zip	Code	
JONATHAN@HSMATTYS.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
JONATHAN JAIME 21	205 074 4044	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department	of State.	
. 35 080 080		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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: THE RIVER FRONT MASTER ASSOCIATION, INC.	
2. The principal office address: 92 S.W. 3RD STREET	
MIAMI, FLORIDA 33130	
3. The mailing address (if different): 92 S.W. 3RD STREET	
MIAMI, FLORIDA 33130	
4. Date of incorporation/qualification: 11/16/2005 Document number: N05000011612	
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)	
INTERAMERICAN CORPORATE SERVICES	
2525 PONCE DE LEON BLVD., #1225	
CORAL GABLES, FLORIDA 33134	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
GARY M. MARS, ESQ.	مارس <u>.</u>
150 WEST FLAGLER STREET, SUITE 2701	=' F:D
MIAMI, FLORIDA 33130	
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.	-
Inigo Ardid, BOD Prosider	n F
Signature of an orricer or director 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.	
12/9/11	
Signature of Registered Agent Pate	
If signing on behalf of an entity:	
Typed or Printed Name	

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