## NO5000012138

(F	Requestor's Name)					
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(0	City/State/Zip/Phone #)					
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(Document Number)						
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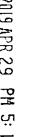
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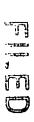


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2019 APR 29 PM 5: 19





C. GOLDEN APR 3 0 2019 Steven M. Davis, Esq. Shareholder

Phone: (305) 260-1013 | Fax: (305) 442-2232

sdavis@beckerlawyers.com

Becker

Becker & Poliakoff 121 Alhambra Plaza 10th Floor Coral Gables, Florida 33134

March 26, 2019

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sixty Sixty Condominium Association, Inc.

Document No.: N05000012138

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #1027 in the amount of \$35.00 made payable to the Department of State to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely.

Steven-M. Davis
For the Firm

SMD/ma Enclosure

ACTIVE, \$26516/394612 12141757\_1\_SDAVIS



April 18, 2019

STEVEN M. DAVIS, ESQUIRE 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134

SUBJECT: SIXTY SIXTY CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05000012138

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Please correct the mailing address, list only one (1) address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 619A00007936

SECTION SECTIO



April 6, 2019

STEVEN M. DAVIS, ESQUIRE 121 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES, FL 33134

SUBJECT: SIXTY SIXTY CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05000012138

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

2019 APR 18 AF

Letter Number: 319A00006930

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

	e provisions of sections 607.0502, 61 hange is submitted for a corporation					<del></del>
in ora	der to change its registered office or i	registered (	agent, or both, in the	State of Florida	v.	
	f the corporation: Sixty Sixty Co					
2. The principa	al office address: 6060 Indian C	Creek D	rive, Miami Be	ach, FL 33	140	
			\			
3. The mailing	address (if different): P.O. Box	415730	3		. <u></u>	
	Miami Be	ach, FL	33140		<del></del>	
4. Date of inco	rporation/qualification: 12/02/20	)05	Document number:	N0500001	2138	_
	nd street address of the current registe artment of State: (If resigned, enter re		and registered office	on file with the		
	SCHECHER, RICHARD	J, SR			~	
	6060 INDIAN CREEK DI	RIVE			V 6107	
	MIAMI BEACH, FL 3314	0			2019 APR 29	<u> </u>
6. The name an (if changed):				, n	9 PH 5:	
	Becker & Poliakoff, P.A.,	c/o Ste	ven M. Davis,	Esq.	: 19	
	121 Alhambra Plaza, 10t				_	
	P.O. Box Coral Gables, FL 33134	NOT acceptal	ble			
The street address changed will	ess of its registered office and the sti	reet addres	s of the business off	fice of its regist	ered age	ent,
. –	as authorized by resolution duly ado ne board, or the corporation has been					
Signatur	red Selector are of an official or director	<u></u>	Printed or typed na	Richard S	<u>Sche</u>	chor
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agento comply with the provisions of all my dutiet, and I am familiar with an is doclaring the being filed merely to that the corporation has been notificature of Registered Agent	t and agree statutes rei ad accept t reflect a ci ed in writii	to act in this capac lative to the proper of he obligation of my	city. and complete	istered ss, I	-
	half of an entity:		17310			
	M. DAVIS					
	ped or Printed Name					

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