## NO 5501

(Re	questor's Name	)
	dress)	
(, ta	41000)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #1
(	,, = 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	,
PICK-UP	☐ WAIT	MAIL
	L ••/\\\	WIFATE
(Bu	siness Entity Na	ıme)
(Do	cument Number	7)
Certified Copies	_ Certificate	es of Status
		7/9/21
		6.01.71
Special Instructions to I	Filing Officer:	





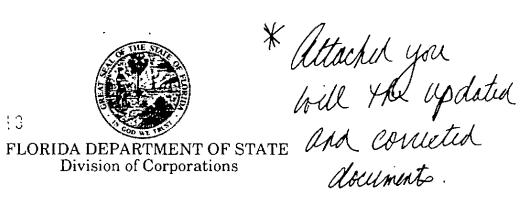
800356210618

12/14/20--01012--020 \*\*35.00 .

S TALLENT FEB 1 9 2021

COZIFEB -9 AM B: 32

fly sk



7: 13

January 28, 2021

STEPHEN MITTMAN MID-OCEAN CONDOMINIUM ASSOCIATION, INC. 134 PERUVIAN AVENUE, H103 PALM BEACH, FL 33480

SUBJECT: MID-OCEAN CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05501

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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Letter Number: 721A00002050

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

MID OCEAN CONDOMINIUM ASSOCIATION, INC. SUBJECT:
Name of Corporation
DOCUMENT NUMBER: N05501
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:
STEPHEN MARC MITTMAN
Name of Contact Person MID OCEAN CONDOMINIUM ASSOCIATION, INC.
Firm/Company 134 PERUVIAN AVENUE, H103
Address PALM BEACH, FLORIDA 33480
City/State and Zip Code
stephenmittman@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEPHEN MARC MITTMAN at (917 4530591 Area Code & Daytime Telephone Nu
Name of Contact Person Area Code & Daytime Telephone Nu

Enclosed is a \$35.00 cheek 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpora	92, 617.0502, 607.1508, or 617.1508, Florida Statute. ation organized under the laws of the State of FLORI.	DA
	MIDOCEAN	e or registered agent, or both, in the State of Florida CONDOMINIUM ASSOCAITION, INC.	
1. The name of t	he corporation: 134 PERUVIA	N AVENUE	· · · · · · · · · · · · · · · · · · ·
2. The principal PALM BEACH,	office address: FLORIDA 33480		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 10/05/1	Document number: N05501	
	street address of the current i tment of State: (If resigned, e	registered agent and registered office on file with the nter resigned)	
	PALM EBACH PROPERTY	MANAGEMENT, LLC.	
	ЛГЕ 255		
	Delray Beach, FLORIDA 334	45	
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registered office	2021 FEB - 9
	STEPHEN MARC MITTMAI	N .	1
	134 PERUVIAN AVENUE, H103		AH
	P.O. Box NOT acceptable PALM BEACH, FLORIDA 33480		8: 32
The street addreas changed will	ess of its registered office and be identical.	d the street address of the business office of its regis	stered agent.
Such change wa authorized by th	is authorized by resolution due board, or the corporation h	uly adopted by its board of directors or by an office has been notified in writing of the change.	r so
silsan saylor		SUSAN TAYLOR, SECRETARY	
I furthér agrée i of my duties, an document is bei	to comply with the provision: d I am familiar with and acc	Printed or typed name and title ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete cept the obligation of my position as registered agen hange in the registered office address. I hereby con, his change.	it. Or. if thi.
Startia Mare Inittones		FEBRUARY 4, 2021	
Sig	nature of Registered Agent	Date	· · · · · ·
It signing on be	half of an entity:		
T	sped or Printed Name	<del></del>	
	* * * F	TLING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314