N06000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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KATZMAN & KORR
KATZKORR.COM

FORT LAUDERDALE
BOYNTON BEACH
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ORLANDO
NAPLES
MIAMI

PLEASE ADDRESS ALL CORRESPONDENCE TO:
1501 NORTHWEST 49TH STREET, 2ND FLOOR
FORT LAUDERDALE, FLORIDA 33309
TEL 954.486.7774 FAX 954.486.7782

PLEASE RESPOND DIRECTLY TO:
LEIGH C. KATZMAN, ESQ.
lkatzman@katzkorr.com

May 16, 2008

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Club Caribe Condominium Association, Inc.
Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of $35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL

Leigh C. Katzman, Esq.
Managing Partner

LCK:hap
Enclosure
cc: Board of Directors

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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: Club Caribe Condominium Association, Inc.

2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/29/2005 Document number: N06000000025

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Meland Russin Hellinger & Budwick, P.A.

200 South Biscayne Boulevard, Suite 3000

Miami, Florida 33131

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TALLAHASSEE, FLORIDA

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

Katzman Garfinkel, P.A.

1501 Northwest 49th Street, Suite 202

(P.O. Box or personal mailbox **NOT** acceptable)

Fort Lauderdale, Florida 33309

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.

Pres. — Robert Wolfarth Pres.
(Signature of an officer, chairman or vice chairman of the board) (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) — 5/15/08 (Date)

If signing on behalf of an entity:

LEIGH C. KATZMAN ESQ. — MANAGING PARTNER
(Typed or Printed Name) (Capacity)

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

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