NO6000000051

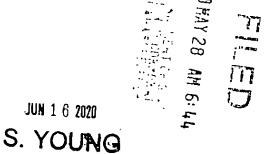
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT Ocean Reserve (C	ondominium Association	
Name of Corporation		
DOCUMENT NUMBER: NOGO	000057	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Joshua Krut. Esq.		
Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Kopelowitz Ostrow		
Firm/Company		
1 West Las Olas Blvd., Stc. 500		
Address		
Fort Lauderdale, FL 33301		
City/State and Zip Code		
krut@kolawyers.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	e call:	
Joshua Krut	at (561) 998-2006 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

*** 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 <u>FTOYIC</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Reserve Condominium Association Inc
2. The principal office address: 19370 (ollins Avenue)
Sunny Isles Beach, FL 33160
3. The mailing address (if different): Sunny 1510 Beach, FL 33160
4. Date of incorporation/qualification: 01/03/2006 Document number: NOGO 000057
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)
Kopelowitz Ostrow, P.A.
Kop elowitz Ostrow, P.A. 200 E. Palmetto Park Rd, Svite 103
Bocalaton, FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):
Kopelowiz Ostrow/Attn: Joshua Krut, Esq.
1 W. Las Olas Blvd., Ste. 500
P.O. Box NOT acceptable
Fort Lauderdale, FL 33301
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 Joshum Kut Attorny 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 O5/17/20 Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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