

N060000000127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

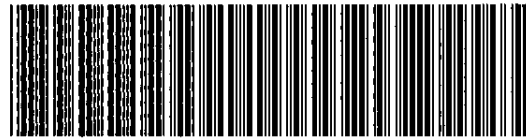
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800211661478

09/02/11--01021--017 \*\*35.00

FILED  
2011 SEP -2 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

TBRADN 9-6-11

# JOHN PAUL ARCIA, P.A.

ATTORNEYS AND COUNSELORS AT LAW

parcia@arcialaw.com

PO BOX 330927  
MIAMI, FLORIDA 33233

TELEPHONE (305) 790-5713  
FAX NUMBER (786) 429-0411

---

July 2, 2011

## AMENDMENT SECTION

Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

**RE : Statement of Change for Registered Agent of BISCAYNE PARK TERRACE  
CONDOMINIUM ASSOCIATION, INC.**

**Document # N 060 000 001 27**

Dear Sir/ Madam,

Enclosed please find our Statement of Change for Registered Agent of the above referenced Florida Corporation.

I have also enclosed payment in the amount of \$ 35.00.

Please note that we wish for the mailing address to be the PO Box indicated in the amendment form.

My daytime phone number is ( 305 ) 790-5713

Regards,



John Paul Arcia

Registered Agent

BISCAYNE PARK TERRACE CONDOMINIUM ASSOCIATION, INC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Biscayne Park Terrace Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000000127

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:

John Paul Arcia  
Name of Contact Person

John Paul Arcia, PA  
Firm/Company

PO Box 330927  
Address

Miami, Florida 33233  
City/State and Zip Code

parcia@arcialaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paul Arcia at ( 305 ) 790-5713  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check 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  
Clifton Building  
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: Biscayne Park Terrace Condominium Association, Inc.  
2. The principal office address: 1350-1360 NE 119 Street, Miami, Florida 33161

3. The mailing address (if different): PO Box 330927, Miami, Florida 33233

4. Date of incorporation/qualification: January 5, 2006 Document number: N06000000127

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)

Bakalar & Eichner, PA  
150 South Pine Island Road/ Suite 504  
Plantation, Florida 33324

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

John Paul Arcia, PA  
3291 Gifford Lane  
Miami, Florida 33133

P.O. Box NOT acceptable

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 of the corporation has been notified in writing of the change.

Orlando Rivera  
Signature of an officer or director

Orlando Rivera, President  
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]  
Signature of Registered Agent

8/30/11  
Date

If signing on behalf of an entity:

John Paul Arcia  
Typed or Printed Name

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

FILED  
2011 SEP -2 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA