

N06000 005 804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

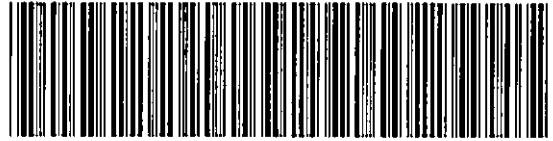
(Document Number)

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19 DEC -3 PM 12:13
TALLAHASSEE, FLORIDA

DEC 04 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2019

PMI SUNSHINE STATE
1680 MICHIGAN AVENUE STE 1001
MIAMI BEACH, FL 33139

SUBJECT: PINETREE RESIDENCES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000005804

We have received your document for PINETREE RESIDENCES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

An individual must sign on behalf of the business entity you have designated as the 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00023394

COVER LETTER

TO: Amendment Section
Division of Corporations

PINETREE RESIDENCES CONDOMINIUM

SUBJECT: _____
Name of Corporation
N06000005804

DOCUMENT NUMBER: _____

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:

PMI Sunshine State

Name of Contact Person

PMI Sunshine State

Firm/Company

1680 Michigan Ave Suite 1001

Address

Miami Beach FL 33139

City/State and Zip Code

boris@pmisunshinestate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Boris Darchy

786

440 6157

Name of Contact Person

at (_____) _____

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**

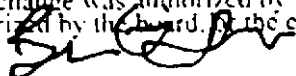
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PINETREE RESIDENCES CONDOMINIUM
2. The principal office address: 2850 Pine Tree Dr
Miami Beach FL 33140
3. The mailing address (if different): c/o PMI Sunshine State
1680 Michigan Ave Suite 1001 Miami beach FL 33139
4. Date of incorporation/qualification: 05/30/2006 Document number: N06000005804
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)
Pamela Palma
2850 PINETREE DRIVE #3
Miami Beach FL 33140
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PMI Sunshine State
1680 Michigan Ave Suite 1001
Miami Beach FL 33139

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SECTION 1601
TALLAHASSEE, FLORIDA

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

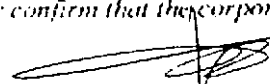


Signature of an officer or director

Brian G Johnson

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

11/25/19

Date

If signing on behalf of an entity:

Typed or Printed Name

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