## N06000006162

| (Re                     | questor's Name)     |                |
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| (Cit                    | y/State/Zip/Phone # | <del>¥</del> ) |
| PICK-UP                 | WAIT                | MAIL           |
| . (Bu                   | siness Entity Name  | e)             |
| ·                       |                     |                |
| . (Do                   | cument Number)      |                |
| Certified Copies        | _ Certificates o    | of Status      |
| Special Instructions to | Filing Officer:     |                |
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

DOWNTOWN DADELAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N0600006162

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:

James A. Stowers, Esq.

Name of Contact Person

Geosam Capital US (Venetian Bay) LP

Firm/Company

424 Luna Bella Lane, Suite 122

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

youngt@armcocap.com

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

For further information concerning this matter, please call:

Trina Young 902

Name of Contact Person

423-4000

THE STATE OF THE S

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

| -   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this<br>nge 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  | he corporation: DOWNTOWN DADELAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.  |
| 2. The principal  | office address: C/O MANAGEMENT OFFICE, 7280 SW 90 Street, E206, MIAMI, FL 3315  |
| 3. The mailing ac   | ddress (if different): C/O Dadeland Investors, 7280 SW 90th St., E206, MIAMI, FL 3315   |
| 4. Date of incorp   | oration/qualification: 06/06/2006 Document number: N06000006162   |
|   | street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)  |
|   | CORPORATION SERVICE COMPANY   |
|   | 1201 HAYS STREET  |
|   | TALLAHASSEE, FL 32301   |
| 6. The name and (if changed):                               | 1201 HAYS STREET  TALLAHASSEE, FL 32301  street address of the new registered agent (if changed) and for registered office  James A. Stowers, Esq.  |
|   | James A. Stowers, Esq.  |
|   | 424 Luna Bella Lane, Suite 122  |
| •   | P.O. Box. NOT acceptable  |
|   | New Smyrna Beach, FL 32168  |
| The street address as changed will I                        | is of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was authorized by the                           | authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.   |
| $\mathcal{L}$   | e of an officer or director Printed or typed name and title   |
| I hereby accept t<br>I further agree to<br>performance of n | he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change. |
| Sign  | thue of Registered Agent Date   |
| If signing on beh   | alf of an entity:   |
| Тур   | ed or Printed Name  |
|   | * * * FILING FEE: \$35.00 * * *   |

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