

ND6 00000 8168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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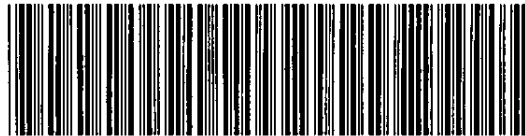
(Business Entity Name)

(Document Number)

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08/28/15--01021--013 **95.00

SEP 01 2015

C. CARROTHERS

2015 AUG 28 AM 10:17
SECRETARY OF STATE
14 AUG 2015 10:17 AM

FILED

**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: Michelina Condominium Association, Inc.
2. The principal office address: 420 Harding Avenue #901
Cocoa Beach, FL 32931
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/02/2006 Document number: N06000008168

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)

Taylor & Carls, P.A.

150 North Westmonte Drive

Altamonte Springs, FL 32714

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

Becker & Poliakoff, P.A.

111 North Orange Ave. Suite 1400

P.O. Box NOT acceptable

Orlando, FL 32801

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.

William E. Shaw
Signature of an officer or director

WILLIAM E. SHAW
PRESIDENT - MCA
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.

Harry W. Carls
Signature of Registered Agent

8/25/15
Date

If signing on behalf of an entity:

Harry W. Carls, Shareholder

Typed 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

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA

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