

From: Baldy Martinez
3/19/2015

Fax: (305) 617-1371

To: +13056176380

Fax: +13056176380

Page 2 of 4 03/19/2015 11:50 AM

NO600008637

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000069402 3)))



H150000694023ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BALDY MARTINEZ P.A.
Account Number : I20110000042
Phone : (305)454-5804
Fax Number : (305)454-5808

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

MIDTOWN LOFTS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

15 MAR 19 PM 1:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 MAR 19 PM 2:50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

MAR 24 2015

T. CARTER

1
(11H150000694023))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Midtown Lofts Condominium Association, Inc

Name of Corporation

DOCUMENT NUMBER: N06000008637

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:

Baldy Martinez, P.A.

Name of Contact Person

Baldy Martinez, P.A.

Firm/Company

1999 S.W. 27 Avenue, 2nd Floor

Address

Miami, FL 33145

City/State and Zip Code

bm@baldylaw.com

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

For further information concerning this matter, please call:

Baldy Martinez, P.A.

Name of Contact Person

at (305) 454-5808

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

(11H150000694023))

(((H15 000069402 3)))

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: Midtown Lofts Condominium Association, Inc
2. The principal office address: 3180 Coral Way Miami, FL 33145
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/16/2009 Document number: N06000008637

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)

Baldy Martinez, P.A.2100 Coral Way, Suite 403Miami, FL 330145

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

Baldy Martinez, P.A.1999 S.W. 27 Avenue, 2nd Floor

P.O. Box NOT acceptable

Miami, FL 33145FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 19 PM 2:50

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

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

3/19/2015

Date

If signing on behalf of an entity:

Baldy Martinez

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)

(((H15 000069402 3)))