

NO6000011686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

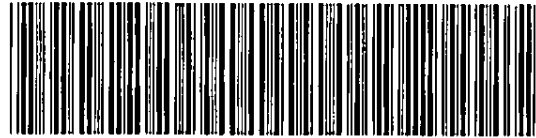
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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D CONWELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

620 Condominium Association, Inc.
945 Pennsylvania Ave., Suite 100
Miami Beach, FL 33139

SUBJECT: 620 CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000011686

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return the check along with the document being filed.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00022339

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RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 620 Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N06000011686

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:

Edy Qui

Name of Contact Person

Trident Management

Firm/Company

800 West Avenue, C-1

Address

Miami Beach, FL 33139

City/State and Zip Code

edy@tridentmiami.com

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

For further information concerning this matter, please call:

Edy Quin

Name of Contact Person

at (305) 535.7599

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: 620 Condominium Association, Inc.
2. The principal office address: C/o Trident Management
800 West Avenue, C-1 Miami Beach, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/08/200 Document number: N06000011686

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)

Trident Real Estate

945 Pennsylvania Avenue, #100

Miami Beach, FL 33139

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

Trident Management

800 West Avenue, C-1

P.O. Box NOT acceptable

Miami Beach, FL 33139

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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.

Robert Morales
Signature of an officer or director

Robert Morales 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]
Signature of Registered Agent

12/26/19
Date

If signing on behalf of an entity:

Joson Schmitt
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