

# N07000004306

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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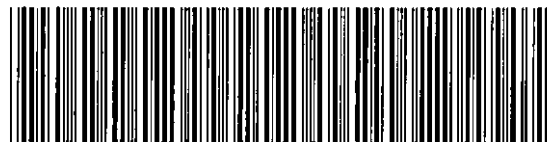
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palazzo Del Mare at Fisher Island Condominium No. One Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000004306

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:

Joshua D. Krut, Esq.

Name of Contact Person

Kopelowitz Ostrow, P.A.

Firm/Company

1 West Las Olas Blvd., Suite 500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

krut@kolawyers.com

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

For further information concerning this matter, please call:

Andrea Pearl, Esq.

Name of Contact Person

at ( 561 ) 318-3670

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: Palazzo Del Mare at Fisher Island Condominium No. One Association, Inc.

2. The principal office address: 40304 Fisher Island Dr., Fisher Island, FL 33109

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/27/2007 Document number: N07000004306

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)

Haber Law, LLP

251 NW 23rd Street

Miami, FL 33127

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

Joshua D. Krut, Esq.

1 West Las Las Blvd, Suite 500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

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.*



October 11, 2024

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Joshua D. Krut

\_\_\_\_\_  
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 32317

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