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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Loft Downtown II Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER, NO700007387

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:

Jose L. Baloyra, Esq.

Name of Contact Person

Jose L. Baloyral, PA d/b/a Baloyra Law

Firm/Company

201 Alhambra Circle, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

JBaloyra@baloyralaw.com

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

For further information concerning this matter, please call:

Jose L. Baloyra

at (30;

442-4142

Name of Contact Person

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Loft Downtown II Condominium Association, Inc.	
	al office address: c/o KW Property Management 8200 NW 33rd Street 00, Miami, Florida 33122	
3. The mailing of	address (if different):	
4. Date of incor	prporation/qualification: 07/26/2007 Document number: N07000007387	
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Jose L. Balolyra, PA	ین
	2950 SW 27 Avenue, Suite 100	300
	Miami, FI 33133	Service Servic
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	至
	Jose L. Baloyra, PA	2: 1
	201 Alhambra Circle, Suite 601	
	P.O. Box NOT acceptable Coral Gables, Florida 33134	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, it be identical.	
	wis authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. HEQUALE WAND TRESCUE	Ð .
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. 5 4 5 gnade of Registered Agent Date	
If signing on be	ehalfofan entity: Baloyru	
Ty	Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *