

20700001120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

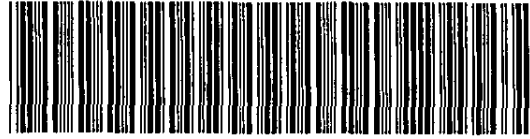
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600251828606

09/23/13--01013--016 **35.00

FILED
SEP 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R/A Chg

OCT -2 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 500 Brickell West Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000011120

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:

Scott Feinerman

Name of Contact Person

500 Brickell West Condominium Association, Inc.

Firm/Company

55 SE 6th Street, Suite 1104

Address

Miami, FL 33131

City/State and Zip Code

manager@500brickellMaster.com

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

For further information concerning this matter, please call:

Marnie Dale Ragan

Name of Contact Person

at **786 369-8879**

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: 500 Brickell West Condominium Association, Inc.
2. The principal office address: 55 SE 6th Street, Suite 1104, Miami, FL 33131
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/14/07 Document number: N07000011120
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)

SKRLD, Inc.
201 Alhambra Circle, Suite 1102
Coral Gables, FL 33134

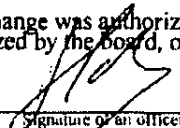
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gursky Ragan, PA
14 NE 1st Avenue, Second Floor
P.O. Box NOT acceptable
Miami, FL 33132

FILED
12 SEP 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

WEST BOARD PRESIDENT

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

July 12, 2013

Date

If signing on behalf of an entity:
Marnie Dale Ragan, Esq.

Typed or Printed Name

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