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*R. White*  
JAN 15 2014  
R. WHITE

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

From: Account Name : SOLOMON & FURSHMAN, LLP  
Account Number : I20050000182  
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REGISTERED AGENT CHANGE  
WIND CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
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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: WIND CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 350 SOUTH MIAMI AVE, MIAMI, FL 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/08/2008 Document number: N08000001316
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)

FERNANDO J. PORTUONDO, P.A.

2121 PONCE DE LEON BLVD STE 950

CORAL GABLES, FL 33134

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

ASSOCIATION LAW GROUP, P.L.

1200 BRICKELL AVENUE, PH 2000

P.O. Box Not Acceptable

MIAMI, FLORIDA 33131

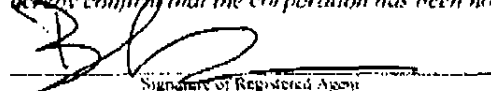
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

RICARDO OLIVERI - 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

1-13-14  
Date

If signing on behalf of an entity:

Ben Solomon  
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  
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