

108000007177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

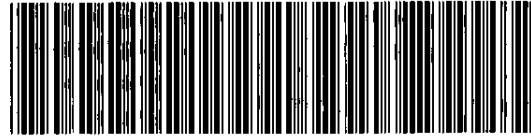
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 27 AM 10:44

L.A. Chg.
C.COULLIETTE

JUN 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ambassador Condominium Association Inc
Name of Corporation

DOCUMENT NUMBER: N08000007177

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:

Claudio Benedetti
Name of Contact Person

Firm/Company

1000 Meridian Avenue #16
Address

Miami Beach, FL 33139
City/State and Zip Code

cla.benedetti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudio Benedetti at (786) 390-3177
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

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: Ambassador Condominium Association Inc
2. The principal office address: 1000 Meridian Avenue #16
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/30/2008 Document number: N08000007177
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)

PIERO SALUSSOLIA CORPORATE MANAGEMENT

1410 20TH STREET - UNIT 214

MIAMI BEACH, FL 33139 US

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

Claudio Benedetti


1000 Meridian Ave. #16

P.O. Box NOT acceptable

Miami Beach, FL 33139

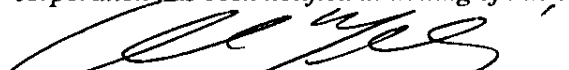
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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

Claudio Benedetti
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

6/20/2011
Date

If signing on behalf of an entity:

Claudio Benedetti
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

CRP0045 (8/05)

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