NU8 U000088047

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:

Office Use Only



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08/03/23--01008--019 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: INFINITY AT BRICKELL CONDOMINIUM ASSOCIATION, INC. Name of Corporation	
DOCUMENT NUMBER: N08000008047	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	iling,
Please return all correspondence concerning this matter to the following:	
JONATHAN S. GOLDSTEIN	
Name of Contact Person	
HABER LAW P.A.	
Firm/Company	
251 NW 23 STREET	· · · · · · · · · · · · · · · · · · ·
Address	元为 23
MIAMI, FL 33127	
City/State and Zip Code	
NGOMEZ@HABER.LAW	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E-mail address: (to be used for future annual report notification)	FILLED 2023 AUG -3 AM 10: 22 SEGGLIARY OF STALL SEGGLIARY OF STALL
For further information concerning this matter, please call:	22
JONATHAN S. GOLDSTEIN at (305) 379-2400	
Name of Contact Person Area Code & Daytime Telep	hone 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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of <u>FLOI</u> istered agent, or both, in the State of Floric	RIDA
		ELL CONDOMINIUM ASSOCIATION, IN	
2. The principal	office address: 60 SW 13 ST MIAMI, F	FL 33130	
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 08/27/2008	Document number: N0800000804	7
	d street address of the current registered rement of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	e
	Randall Roger & Associates, PA		
	621 NW 53rd Street, Suite 300		202 53
	BOCA RATON, FL 33487		2023 AUG -3 STATE (ATA)
6. The name and (if changed):	_	gent (if changed) and /or registered office	NHASS
	HABER LAW P.A.		SSEE, FL
	251 NW 23 STREET	- 1	PME 22
	PO	Bux NOT acceptable	
	MIAMI, FL 33127		
The street address changed will	ess of its registered office and the stre I be identical.	et address of the business office of its reg	gistered agent,
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	er so
		Alicia Mancuso, Pres	ident
_	ure of an Oblicer of affector	Printed or typed name and title	
I further agree of my duties, ar document is be	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and complete obligation of my position as registered age the registered office address, I hereby co	e performance ent. Or, if this onfirm that the
		07/26/2023	
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
JONATHAN S.	GOLDSTEIN		
Ţ.	Typed or Printed Name		
	* * * FILING	FFF+ \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)