## NOS 000008135

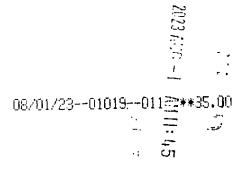
| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business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

Office Use Only



600413053966

S. CHATHAM AUG 28 2023



## COVER LETTER

|                              | Name of Contact Person                      | Area Code & Daytime Telephone Number                       |
|------------------------------|---|--|
| Nicole Kurtz                 |   | at ( 305 ) 442-3334<br>Area Code & Daytime Telephone Numbe |
| For further in               | nformation concerning this matt             | ter, please call:  |
| rman addi                    | ess. (to be used for future and             | ndar report normeation)                                    |
| E-mail addr                  | ess: (to be used for future an              |  |
| City/Diace air               | NKurtz@siegfriedrivera.                     | //OD   |
| City/State an                |   |  |
| Coral Gables.                | FI 33134                                    |  |
| Address                      | CHUC  |  |
| 201 Alhambra                 | •   |  |
| Siegfried Rive<br>Firm/Compa |   |  |
| Name of Con                  |   |  |
| Nicole Kurtz,                | ·   |  |
| Please return                | all correspondence concerning               | this matter to the following:                              |
| The enclosed                 | Statement of Change of Regist               | tered Office/Agent and fee are submitted for filing.       |
| DOCUMEN                      | T NUMBER: N08000008135                      |  |
| Name of Cor                  | poration                                    |  |
| SUBJEÇT: _                   | Infinity at Brickell Master Associat        | ation, Inc.  |
| 1511                         | sien er Gerpeinnene                         |  |
| TO: Ame<br>Divis             | endment Section (*)<br>sion of Corporations |  |

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 cha              | provisions of sections 607 0502, 617.0502, 607.1508, or 617.1508, Florida Statu<br>ange is submitted for a corporation organized under the laws of the State of Florida   | da                       | us                                  |
|-------------------------------|---|--------------------------|-------------------------------------|
|                               | er to change its registered office or registered agent, or both, in the State of Florid   | ta.                      |                                     |
|                               | the corporation: Infinity at Brickell Master Association, Inc.  |                          |                                     |
| 2. The principal              | Loffice address: 60 SW 13 Street, Miami, FL 33130   |                          |                                     |
| 3. The mailing a              | address (if different):   |                          |                                     |
| 4. Date of incorp             | 5   | · · · · · ·              |                                     |
|                               | d street address of the current registered agent and registered office on file with the attment of State: (If resigned, enter resigned)   | e                        |                                     |
|                               | Randall Roger   |                          |                                     |
|                               | 621 NW 53rd Street, Suite 300   |                          | 2023 7.1                            |
|                               | Boca Raton, FL 33487  |                          | - O.                                |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office   | .,                       | 2023 AUG - 1 AH II: 45              |
|                               | SKRLD, Inc.   | -i<br>:                  | 4:1                                 |
|                               | 201 Alhambra Circle, 11th Floor   | ٠٠,                      | O <sub>i</sub>                      |
|                               | P.O. Box NOT acceptable   |                          |                                     |
|                               | Coral Gables, FL 33134  |                          |                                     |
| The street addre              | ess of its registered office and the street address of the business office of its reg<br>l be identical.  | istere                   | ed agent.                           |
| Such change wa                | as authorized by resolution duly adopted by its board of directors or by an offic<br>he board, or the corporation has been notified in writing of the change.   | er so                    |                                     |
| Jeremy Dentou                 |   |                          |                                     |
| -<br>Lherehv accent           | the appointment as registered agent and agree to act in this capacity, 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 all familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address. I hereby construction of my position as registered ageing filed merely to reflect a change in the registered office address. I hereby construction of this change. | z perj<br>mt. (<br>nfirm | formance<br>Or, if this<br>that the |
| - Lul                         | 7/26/2023   |                          |                                     |
| Sign                          | gnature of Registered Agent Date  |                          |                                     |
| If signing on be              | chalf of an entity:   |                          |                                     |
| Lisa                          | A-Lerner  |                          |                                     |
| • •                           | * * * E11 INC UUD   |                          |                                     |

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