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Division of Corporations

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Account Number : 120060000021
Phone : (561) 833-9800
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE

ST. TROPEZ ON THE BAY II CONDOMINIUM ASSOCIATION,
IN

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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: ST. TROPEZ ON THE BAY II CONDOMINIUM ASSOCIATION, INC.
 2. The principal office address: 3211 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/9/2009 Document number: N07000005682

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)

DAVID SHEAR, ARNSTEIN & LEHR LLP

201 ALHAMBRA CIRCLE, SUITE 601

CORAL GABLES, FL 33134

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

DAVID SHEAR, ESQ.

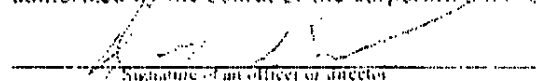
200 S. BISCAYNE BOULEVARD, SUITE 3600

P.O. Box NOT acceptable

C/O ARNSTEIN & LEHR LLP, MIAMI, FL 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

Ret M. Barker, 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

June 29, 2012
Date

If signing on behalf of an entity:

DAVID SHEAR

Typed or Printed Name

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
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