

N13 000009 8075

(Requestor's Name)

(Address)

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(Document Number)

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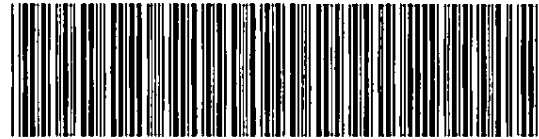
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2022 JAN 18 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SIEGFRIED RIVERA

Laura M. Manning-Hudson  
lmanning@siegfriedrivera.com

January 12, 2022

**Sent Via U.S. Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Jade Signature Condominium Association, Inc. ("Association")**

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with our firm's operating check #1052325 in the amount of \$35.00 for the filing of same.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA



Laura Manning-Hudson, Esq.

LMM/kmr  
Enclosures

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JADE SIGNATURE CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N13000008075

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:

Michael Hatzfeld, Manager

Name of Contact Person

c/o KW Management

Firm/Company

16901 Collins Avenue

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

mhatzfeld@kwpmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hatzfeld, Manager at (305) 333-5937  
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

# 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: JADE SIGNATURE CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 16901 Collins Avenue, Sunny Isles Beach, FL 33160

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/10/2013 Document number: N13000008075

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)

ALG

1101 Brickell Avenue, Suite N1101

Miami, Florida 33131

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

SKRLD, INC.

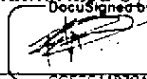
201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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.


DocuSigned by:  


CCFFCT SIGNATURE of an officer or director

Bruno Prado 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

1/12/2022  
Date

If signing on behalf of an entity:

Lisa A. Lerner  
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

CR2E045 (03/12)

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TALLAHASSEE, FL