

N180000009884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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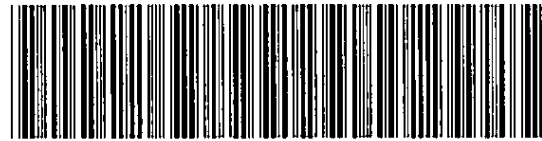
(Business Entity Name)

(Document Number)

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CLERK OF THE STATE
TALLAHASSEE, FL

A. Butler

SIEGFRIED RIVERA

Laura M. Manning-Hudson
lmanning@siegfriedrivera.com

August 16, 2021

Sent Via U.S. Mail

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

Re: 3550 South Ocean 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 the Association's check 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: 3550 SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N18000009884

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:

Robyn Silverstein, Manager

Name of Contact Person

c/o FirstService Residential

Firm/Company

3550 South Ocean Boulevard

Address

Palm Beach, FL 33480

City/State and Zip Code

robyn.silverstein@fsresidential.com

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

For further information concerning this matter, please call:

Robyn Silverstein, Manager at 561 408-2906

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: 3550 SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3550 South Ocean Boulevard, Palm Beach, FL 33480

3. The mailing address (if different): _____

4. Date of incorporation-qualification: 09/13/2018 Document number: N18000009884

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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.

Ellen Parisi Treasurer
Signature of an officer or director

Ellen Parisi Treasurer for
Printed or typed name and title
3550 South Ocean Condo Assoc.

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.

By: Lisa A. Leiner
Signature of Registered Agent

8/16/2021
Date

If signing on behalf of an entity:

LISA A. LEINER
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
CR2E(045) (03/12)