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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** L'ATELIER CONDOMINIUM ASSOICATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** N18000013144

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:

Annette Bencon  
Name of Contact Person

KW Property Management  
Firm/Company

6901 Collins Avenue  
Address

Miami Beach, FL 33141  
City/State and Zip Code

abencon@kwpmc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Bencon at (786) 204-3508  
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: L'Atelier Condominium Association, Inc.

2. The principal office address: 6901 Collins Avenue Miami Beach, FL 33141

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/18/18 Document number: N18000013144

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)

South Florida Condominium Management
3100 NW 72nd Avenue, Ste 113
Miami, FL 33122

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

Becker & Poliakoff
121 Alhambra Plaza, 10th Floor
Coral Gables, FL 33134
P.O. Box NOT acceptable

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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]
Signature of an officer or director

David Adler, 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]
Signature of Registered Agent
Becker & Poliakoff

10/23/19
Date

If signing on behalf of an entity:

[Signature]
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