

N19990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

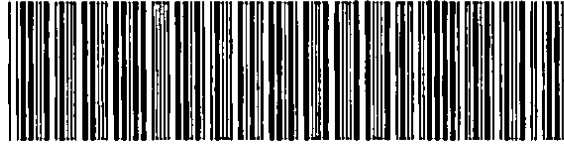
(Business Entity Name)

(Document Number)

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FEB 06 2018  
C. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N19990

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:

GARY M. MARS, ESQUIRE

Name of Contact Person

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.

Firm/Company

201 ALHAMBRA CIRCLE, 11TH FLOOR

Address

CORAL GABLES, FL 33134

City/State and Zip Code

AARGENAL@SRHL-LAW.COM

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

For further information concerning this matter, please call:

GARY M. MARS

Name of Contact Person

305 442-3334

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: Portofino/South Pointe Master Association, Inc.
2. The principal office address: 300 South Pointe Drive, Miami Beach, Florida 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4/6/1987 Document number: N19990
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)

Haber David Slade PA

201 S. Biscayne Boulevard, Suite 1205

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

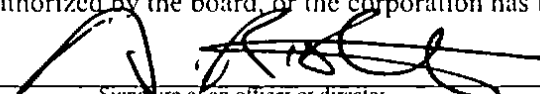
P.O. Box NOT acceptable

Coral Gables, Florida 33134

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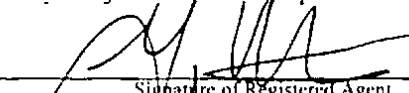
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Alexander R. R. R.  
\_\_\_\_\_  
Printed or typed name and title President

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

1/30/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Gary M. Mars  
\_\_\_\_\_  
Typed or Printed Name

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