

N24190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

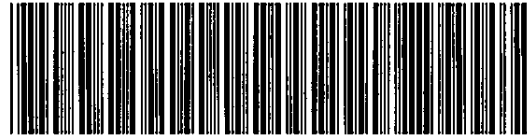
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mystic Pointe Condominium No. One
Name of Corporation

DOCUMENT NUMBER: N 24190

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:

Saul Abusiewiez

Name of Contact Person

Mystic Pointe Condominium No. One

Firm/Company

3600 Mystic Pointe Drive

Address

Aventura, FL 33160

City/State and Zip Code

300mgr@mystict300.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Saul Abusiewiez

Name of Contact Person

at (305) 933-2636

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2014

SAUL ABUSIEWIEZ
MYSTIC POINTE CONDOMINIUM NO ONE ASSOC.
3600 MYSTIC POINTE DRIVE
AVENTURA, FL 33160

SUBJECT: MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, INC.
Ref. Number: N24190

We have received your document for MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 714A00023701

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Mystic Pointe Condominium No. One Association, Inc.
2. The principal office address: 3600 Mystic Pointe Drive, Aventura, FL 33160
3. The mailing address (if different):
4. Date of incorporation/qualification: January 4, 1988 Document number: N24190

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)

SHENDELL & ASSOCIATES, P.A.
5340 N FEDERAL HWY SUITE 201
LIGHTHOUSE POINT, FL 33064 US

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

Rhonda Hollander, P.A.
314 S. Federal Highway
P.O. Box NOT acceptable
Dania Beach, Florida 33004

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TALLAHASSEE, FLORIDA
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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

Cheryl Rivkind Secretary
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

11/18/14 Date

If signing on behalf of an entity:

Rhonda Hollander
Typed or Printed Name

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