

N24464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONE ISLAND PLACE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N24464

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:

Stephanie Snyder

Name of Contact Person

One Island Place Condominium Association, Inc.

Firm/Company

3801 NE 207 Street, Mgmt

Address

Aventura/Florida 33180

City/State and Zip Code

manager@oipcondo.com

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

For further information concerning this matter, please call:

Stephanie Snyder

Name of Contact Person

at (305) 931-0793

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SKRLD, Inc.
2. The principal office address: 201 Alhambra Circle, 11th Floor Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/22/1988 Document number: N24464
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)

Lerner, Lisa SKRLD, Inc

201 Alhambra Circle, 11th Floor

Coral Gables, FL 33134

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.

Nadine Weltman Laham
Signature of an officer or director

NADINE WELTMAN LAHAM, 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.

By Lisa Lerner
Signature of Registered Agent

2-18-23
Date

If signing on behalf of an entity:

Lisa 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 (04/13)

2023 MAR 10 PM 12:37
SECRETARY OF
TALLAHASSEE

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