## N24464

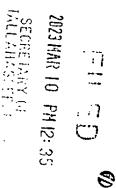
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WA	<u>_</u>	
(Business Enti	ity Name)	
(Document Number)		
Certified Copies Certi	ficates of Status	
Special Instructions to Filing Officer:		
J. H	10RNE N - 2 2023	

Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: ONE ISLAND PLACE CONDOMINIO	UM ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N24464	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Stephanie Snyder	
Name of Contact Person	
One Island Place Condominium Associat	ion, Inc.
Firm/Company	<del></del>
3801 NE 207 Street, Mgmt	
Address	
Aventura/Florida 33180	
City/State and Zip Code	<del></del>
manager@oipcondo.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Stephanic Snyder	at (305 )931-0793  Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of Flori ir to change its registered office or registered agent, or both, in the State of Florid	da	<del></del>	
1. The name of a	the corporation: SKRLD, Inc.			
2. The principal	office address: 201 Alhambra Circle, 11th Floor Cotal Gables, FL 33134			
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 01/22/1988 Document number: N24464			
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	c		
	Lerner, Lisa SKRLD, Inc			
	201 Alhambra Circle, 11th Floor			
	Coral Gables, Fl. 33134	SE	292	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETAIN LAHASI	3 HAR I	
	SKRLD, Inc		0 -	
	201 Alhambra Circle, 11th Floor	"	PH 12:	ť
	P.O. Box NOT acceptable .  Coral Gables, FL 33134		2: 37	•
The street address changed will	ess of its registered office and the street address of the business office of its registered.	gistered	agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
	THE OF AN ENTIRE OF AN ENTIRE OF THE STATE O			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complet ed I am familiar with and accept the obligation of my position as registered ago ing filed merely to reflect a change in the registered office address, I hereby co s been notified in writing of this change.	e perfor ent. Or ufirm th	mance if this rat the	
84 Lings	Junuary of Registered Agent 218127 Date			
	chalf of an entity:			
LUR	eine:			
	* * * 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)