## N25169

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE STORY OF CORPORATIONS
OF VISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Mami Beach Eruv Council, Inc. Name of Corporation			
DOCUMENT NUMBER: N25169			
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:			
Bernardo Coifeman Name of Contact Person  Miami Beach Erur Council, Inc.  Firm/Company  4259 Nautilus Dr. A  Address  Miami Beach, FC 33140  City/State and Zip Code			
b@ coiffman.com			
E-mail address: (to be used for future annual report notification)			
,			
For further information concerning this matter, please call:			
Name of Contact Person at ( 305 ) 868-57/7  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
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 617.1 statement of change is submitted for a corporation organized under the laws of	1508, Florida Statutes, this
in order to change its registered office or registered agent, or both, in	n the State of Florida.
1. The name of the corporation: Miowi Beach Eruu	Council, Inc.
2. The principal office address: 4259 Wautilus Dr.  Miami Beach, FL 331	
Mami Deach, FC 331	40
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/03/1938 Document num	iber: N25169
5. The name and street address of the current registered agent and registered of Florida Department of State: (If resigned, enter resigned)	ffice on file with the
sely A. Wasserman	
5050 Biscayne Blud #20	<u>"1</u>
Miami, FL 33137	18 O
6. The name and street address of the new registered agent (if changed) and /or (if changed):	<b>⊘</b>
Bernardo Coiffman	PH 22 59
4259 Nautilus Dr. P.O. Box NOT acceptable	25 S
Miami Beach, FL 3314	0
The street address of its registered office and the street address of the busine as changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	tors or by an officer so e change.
Signature of an officer or director Printed or to	to Coifeman, Pres.
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the preformance of my duties, and I am familiar with and accept the obligation agent. Or, if this document is being filed merely to reflect a change in the rehereby confirm that the corporation has been notified in writing of this change.	oper and complete of my position <b>as registered</b> gistered office <b>address, l</b>
Oct.	23/2013
Signature of Kegistered Agent	Date
If signing on behalf of an entity:	
Bernardo CoiffMan  Typed or Printed Name	
Akaa or a reness comme	

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