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TO: Amendment Section Division of Corporations Mediterranean Village Condominium No. One SUBJECT: ASSOCIATION, INC. DOCUMENT NUMBER: 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: Joshua Krut, Esq. Name of Contact Person Kopelowitz Ostrow Firm/Company 1 West Las Olas Blvd., Ste. 500 Address Fort Lauderdale, FL 33301 City/State and Zip Code krut@kolawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Krut at (561 )998-2006 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

Name of Contact Person

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/L3)

## STANDARD 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.
Mediterranean Village Condominium No. one Association
2. The principal office address: 3900 ISland Blvd, Aventura, Florida 33160
3. The mailing address (if different): 3900/Sland Blvd, Office, Nentura, FL 33/60
4. Date of incorporation/qualification: $\frac{7/18/1988}{1}$ Document number: $\frac{1037485}{1}$
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)
Kopelowitz Ostrow, P.A.
200 East Palmetto Park Road, Suite 103
Bora Raton, FL 33433
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kopelowiz Ostrow/Attn: Joshua Krut, Esq.
1 W. Las Olas Blvd., Stc. 500
P.O. Box NOT acceptable
Fort Lauderdale, FL 33301
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 Printed or typed name and uited
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 O5/17/20
If signing on behalf of an entity:
Typed or Printed Name

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