## N35081

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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09/13/24--01026--019 \*\*35.00

SECRETATION OF THE PROPERTY OF



Amendment Section

## **COVER LETTER**

TO:

Division of Corporations		
SUBJECT: PALM ISLES I CONDOMINIUM AS Name of Corporation	SOCIATION, INC.	
DOCUMENT NUMBER: N35081		
The enclosed Statement of Change of Registere	d Office/Agent and	fee are submitted for filing.
Please return all correspondence concerning this	s matter to the follo	owing:
,		_
Name of Contact Person		
HABER LAW LLP		
Firm/Company		
251 NW 23 STREET		
Address		
MIAMI, FL 33127		
City/State and Zip Code		
NGOMEZ@HABER.LAW		
E-mail address: (to be used for future annua	al report notification	on)
For further information concerning this matter.	please call:	
NILKA GOMEZ	at ( 305	379-2400
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 The Centre of Tallahassee

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	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida in organized under the laws of the State of	FLORII	)A		
in orde	r to change its registered office o	r registered agent, or both, in the State of	Florida.			
1. The name of t	he corporation: PALM ISLES I C	CONDOMINIUM ASSOCIATION, INC.				
		S DRIVE BOYNTON BCH, FL 33437	<del></del> .			
3. The mailing a	ddress (if different): SAME					
		Document number: N35081				
	street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on file w resigned)	ith the			
	SACHS SAX CAPLAN					
	6111 BROKEN SOUND PARKW	VAY 200	_			
	BOCA RATON, FL 33487					
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered of	fice	2021		
				ŞEP	CII	
	251 NW 23 STREET	P.O. Box. NOT acceptable		ယ်	ű ű	
	MIAMI, FL 33127	ТОТ ТИХ ТИГЕ ИССЕРИИЛ		21	را ا	
The street addre	ess of its registered office and the be identical.	e street address of the business office of i	ts regist	7: ered a 9	igent,	
Such change wa	s authorized by resolution duly le board, or the corporation has l	adopted by its board of directors or by an been notified in writing of the change.	officer	so		
Howard m	ehml	HOWARD MEDNICK - PRESID	ENT			
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this o	gent and agree to act in this capacity, all statutes relative to the proper and conthe obligation of my position as registerege in the registered office address, I here change.		erforn Or irm the	nance if this at the	
Darrin Gurst	t .	9/5/2024				
- AND DESTRUCTED AND DESTRUCTION OF THE PROPERTY OF THE PROPER	nature of Registered Agent	Date				
If signing on be	half of an entity:					
DARRIN GURS	·	_				
T <sub>1</sub>	ped or Printed Name	INC CCC. \$25.00 ± ± ±				

FILING FEE: \$35.00