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Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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

Pursuant to the provisions of sections 607.0502, 417.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: The Carriage House Condominium Association, Inc.
2. The mailing address of the corporation: 5401 Collins Avenue, Miami Beach, Florida 33140
3. Date of incorporation/qualification: 04/30/1990 Document number: N37959
4. The name and address of the Current registered agent and office:  Becker & Poliakoff, P.A., c/o David H. Rogel, Esq.
5201 Blue Lagoon Drive, Suite 100
Miami, Florida 33126
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. 0. Box Not Acceptable)  SKRLD c/o Helio De La Torre, Esq.
<del>-</del>
201 Alhambra Circle, Suite 1102
Coral Gables, Florida 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.
I 2 pres 11/14/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for tile above stated corporation, 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 agree istered agent.  It is not to be the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position agree istered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***

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