4/22/2019

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THE JACOBS LAW GROUP

Account Number : I20130000069 Phone : (305)405-4444

Fax Number : (305)402-0138

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SAILBOAT CAY CONDOMINIUM ASSOCIATION, INC

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To:

4

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SACCBOAT CAY CONDOMINIUM ASSCC. Name of Corporation
DOCUMENT NUMBER: N9300003608
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:
Name of Contact Person
THE JACOBS LAW GROWP
20100 W. DIXIE HIGHTWAY Address
City/State and Zip Code
Carolina Otne Jacobs lawaroup. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CACOUNA VIERERIAN BL (305) 405 4444 Name of Centrict Person Area Code & Daytime Telephone Number
Finelessed is a \$35.00 check mode 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 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FUIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SPILBOAT CAY CONDORINIUM ASSOCIATION
2. The principal office address: 13499 BISCAUNE BLVD, STE 219
NORTH MIAMI, FL 33181
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/10/93 Document number: <u>N93000003608</u>
 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)
MELONI LAW FIRM
900 SW 40th AVENUE BE
PLANTATION, FL 33317
6. The name and street address of the new registered agent (if changed) and /or registered office: 2 (if changed):
P.O. Bux NOT acceptable
AVENTURA, FL 33180
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.
Oaniel Oliv, President Frinted or typed name and title
I hereby accept the appointment as registered agent and agree to act in this cupacity. 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.
The July Comp
Signatury of Registered Agent Date
If signing on behalf of an entity:
Result Llu, Parille

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)