(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800266509138

11/17/14--01008---007 **35.00

SECRETARY FOR THE AND SECRETARY OF THE AND SECRETAR

RA ROM8

COVER LETTER

Division of Corporations SIERRA RIDGE CONDOMINIUM CASS'N, INC. SUBJECT: Name of Corporation N93000004521 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: DANIEL WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 6501 CONGRESS AVENUE, SUITE 100 Address **BOCA RATON, FL 33487** City/State and Zip Code danw@wassersteinpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL WASSERSTEIN Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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 FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida. ASSOCICITION 1. The name of the corporation: SIERRA RIDGE CONDOMINIUM CASSINFINC.
2. The principal office address: 21300 NE 10TH AVENUE, NORTH MIAMI BEACH, FL 33179
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 10/06/1993 Document number: N93000004521
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)
RAPHAEL, LINDSAY C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
WASSERSTEIN, ₱.A.
6501 CONGRESS AVENUE, SUITE 100 P.O. Box NOT acceptable
BOCA RATON, FL 33487
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.
Janking of an other of director Printed or typed or typed name and title
I hereby accept the appointment as registered open and ogree to act in this capacity. I further agree to comply with the provisions of oil 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 Date 14
If signing on behalf of an entity:

! * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)