

8/10/2016

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : MUINOS & MORALES, PL
Account Number : I20130000092
Phone : (305) 403-0641
Fax Number : (305) 403-2099

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

Email Address: gmorales@msquaredlaw.com

REGISTERED AGENT CHANGE
POINT LAKE CONDOMINIUM ASSOCIATION, INC.

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AUG 11 2016

T. LEMUEUX

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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, 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

POINT LAKE CONDOMINIUM ASSOCIATION, INC.

1. The name of the corporation:

C/O Muinos & Morales P.L. 300 Sevilla Avenue Suite 301

2. The principal office address:

Coral Gables, Florida 33134

3. The mailing address (if different):

4. Date of incorporation/qualification:

01/05/1994

Document number:

N94000000033

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)

Barbara Rosas

6785 SW 165 AVE SUITE 200

MIAMI, FL 33193

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Muinos & Morales P.L.

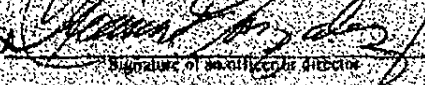
300 Sevilla Avenue Suite 301

P.O. Box NOT Permissible

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, or the corporation has been notified in writing of the change.



Signature of an officer or director



Printed or typed name and title

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



Date

If signing on behalf of an entity:

Grisel Morales, Esq.

Typed or Printed Name

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

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

CR22-0451(03/12)

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