

N94 0000003123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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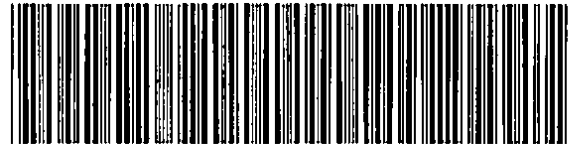
(Business Entity Name)

(Document Number)

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*00789, 01092, 02390, 00524, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Tower At the Point Condominium Association
Name of Corporation

DOCUMENT NUMBER: N94000003123

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:

Frank Kruszewski, LCAM General Manager

Name of Contact Person

South Tower at The Point Condominium Association

Firm/Company

21055 Yacht Club Drive

Address

Aventura, FL 33180

City/State and Zip Code

manager@southtowercondo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Kruszewski, LCAM GM

Name of Contact Person

at (305) 792-9415 x12

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



2021 DEC 20 PM 12:38

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2021

FRANK KRUSZEWSKI, LCAM-GENERAL MANAGER
SOUTH TOWER AT THE POINT CONDOMINIUM
21055 YACHT CLUB DRIVE
AVENTURA, FL 33180 US

SUBJECT: SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION,
INC.

Ref. Number: N94000003123

We have received your document for SOUTH TOWER AT THE POINT CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please fill in the date that the registered agent signed the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 621A00029558

**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.

1. The name of the corporation: South Tower at the Point Condominium Association, Inc.
2. The principal office address: 21055 Yacht Club Drive Aventura FL 33180
3. The mailing address (if different): same
4. Date of incorporation/qualification: 06/24/1994 Document number: N94000003123
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)

Becker & Poliakoff

121 Alhambra Plaza

Coral Gables FL 33134

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

Halpern-Rodriguez, LLP

355 Alhambra Circle Suite 1101

P.O. Box NOT acceptable

Coral Gables, FL 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]
Signature of an officer or director

Antonio Tafuri - President

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]
Signature of Registered Agent

X 12/15/21
Date

If signing on behalf of an entity:

Marc A. Halpern for Halpern Rodriguez, LLP
Typed or Printed Name

Partner

*** 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 (04/13)

2021 DEC 20 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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