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(Ac	ldress)				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Atlantic II At The Point Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER:

N94000003137

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:

Joshua D. Krut

Name of Contact Person

Kopelowitz Ostrow, P.A.

Firm/Company

200 E. Palmetto Park Road #103

Address

Boca Raton, FL 33432

City/State and Zip Code

krut@kolawyers.com

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

16 JUL 22 PM 2: 16

For further information concerning this matter, please call:

Joshua D. Krut

561 910-0688

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of chan	ge is submitted for a	corporation organize	607.1508, or 617.1508, Fi d under the laws of the St d agent, or both, in the Sta	ate of Florida	his	-		
1. The name of th			oint Condominium		Inc.			
2. The principal office address: 21150 Point Place, Aventura, FL 33180								
3. The mailing ad	dress (if different):							
4. Date of incorpo	oration/qualification:	06/24/1994	Document number:	N940000	0313	7		
5. The name and		urrent registered agei	nt and registered office on	file with the				
-		Resigned						
6. The name and (if changed):	Joshua D. I	ew registered agent (Krut / Kopelowit Palmetto Park		TALLAHASSES ***	16 JUL 22 PH 2:			
-		P.O. Box NOT acc	eptable		16			
The street addres as changed will b	ss of its registered off be identical.	ice and the street add	dress of the business offic	ce of its register	ed age	nt,		
I hereby accept the I further agree to performance of agent. Or, if this hereby confirm to	to of an officer or director the appointment as response to comply with the property with the property of the complete that the corporation has the corporation of t	gistered agent and a visions of all statute miliar with and acce led merely to reflect as been notified in w	rits board of directors or ed in writing of the change of the capacity of the change in the registere oriting of this change.	ty. ne and tyle ity. nd complete position as regised office address.	Y tered	-		
_ i	bed or Printed Name	<u> </u>						

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