

1794000004762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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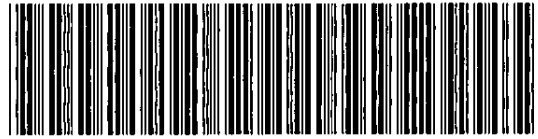
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 28 P 3 49

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MAR 30 2016  
T. LEMIEUX

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Sails Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N94000004762

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:

Renee Horowitz  
Name of Contact Person

Solstice Residential South, LLC  
Firm/Company

701 Brickell Avenue, Suite 1490  
Address

Miami FL 33131  
City/State and Zip Code

rhorowitz@solstice.us.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Horowitz at ( 305 - 998-1340 (ext. 318) )  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2017

RENEE HOROWITZ  
701 BRICKELL AVE STE 1490  
MIAMI, FL 33131

SUBJECT: THE SAILS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N94000004762

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

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 617A00000365

*Please see  
attached with  
Florida address*

*Renee Horowitz  
212-753-2329  
rhorowitz@solstice.us.com*

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Sails Condominium Association, Inc.
- 2. The principal office address: c/o Solstice Residential South, LLC  
701 Brickell Avenue, Suite 1490, Miami FL 33131
- 3. The mailing address (if different): c/o Solstice Residential South  
257 Park Avenue South, Suite 303, New York NY 10010 (ATTN: Renee Horowitz)
- 4. Date of incorporation/qualification: 9/23/94 Document number: N9000004762
- 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)

J + M Condo Management & Maintenance, Inc  
9600 NW 25th Street, Ste 5D  
Doral FL 33172-1416

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

Solstice Residential South, LLC  
257 Park Avenue South (Suite 303)  
P.O. Box NOT acceptable  
New York NY 10010

701 Brickell Avenue  
Suite 1490  
Miami, FL 33131

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

Alex Kalajian, Assistant Secretary  
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

12/\_\_\_\_  
Date  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2017 MAR 28 P 3 49  
FILED

If signing on behalf of an entity:  
Alex Kalajian  
Typed or Printed Name

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