

N94000004901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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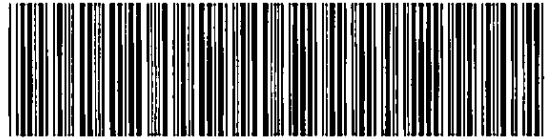
(Business Entity Name)

(Document Number)

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2018 OCT 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

NOV - 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

N94000004901
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:

FRANCESCO CECCHINI

Name of Contact Person

MIAMI DREAMS MANAGEMENT INC

Firm/Company

235 LINCOLN RD STE 310

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

mgt@MIAMIDREAMSREALTY.COM

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

For further information concerning this matter, please call:

FRANCESCO CECCHINI

786

363-9104

Name of Contact Person

at ()
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

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: LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1300 LINCOLN RD #OFFICE, MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/29/1994 Document number: N94000004901
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):

Christine, Perrin Stocco

1300 Lincoln Rd, Office

Miami Beach, FL 33139

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

Triay, Carlos A.

2301 NW 87 AVE, SUITE 501

P.O. Box NOT acceptable

DORAL, FL 33172

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 registered agent

SCEMAMA, PHILIPPE

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

10/29/15
Date

If signing on behalf of an entity:

CHARLES A. TRIAY
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
CR2F045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FL

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