

N95000001284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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T. CARTER

PA/Rb change

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: La Tour Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N95000001284

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:

Christina Steinman

Name of Contact Person

La Tour Condominium Association, Inc.

Firm/Company

4201 Collins Avenue

Address

Miami Beach, FL 33140

City/State and Zip Code

manager@latourcondo.com

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

For further information concerning this matter, please call:

Marnie Dale Ragan, Esq.

Name of Contact Person

at ( 786 ) 369-8879

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: La Tour Condominium Association, Inc.
2. The principal office address: 4201 Collins Avenue, Miami Beach, FL 33140
3. The mailing address (if different): Attn: Property Manager, 4201 Collins Avenue, Miami Beach, FL 33140
4. Date of incorporation/qualification: 03/16/1995 Document number: N95000001284
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)

Paul A. McKenna & Associates, P.A.

1360 S. Dixie HWY, Suite 100

Coral Gables, FL 33146

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

Gursky Ragan, P.A.

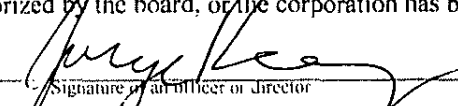
14 NE 1st Avenue, 2nd Floor

P.O. Box NOT acceptable

Miami, FL 33132


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

Jorge Perez, 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 of Registered Agent

9/19/2004

Date

If signing on behalf of an entity:

Marnie Dale Ragan  
\_\_\_\_\_  
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

CR2E045 (03/12)

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