::::

N95000002314

(Requestor's Name)		
(Address)		
•	•	
(A.H)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	ne)
(50	isiness Entity Nai	116)
. (Do	cument Number)	
Certified Copies Certificates of Status		s of Status
		1
Special Instructions to	Filing Officer:	
	•	
-		

Office Use Only



600185264956

09/14/10--01017--022 **35.00

10 SEP IL PH 2: 5

C.COULLIETTE

SEP 1 5 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The president Condominium Association, INC.
DOCUMENT NUMBER: N9500002314
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:
Vue He Rodrigue Z Name of Contact Person
Regatta Real Estate Management Firm/Company
309 23rd stroet #300 Miami Beach, FL#300
Miami Beach, FC 33139 City/State and Zip Code
Wette & resatta realestate. (OM) Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vue Ho Rodrij Sez at (305) 673-1940 Name of Contact Person at (305) 673-1940 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: The President Condominion Association, INC. 2. The principal office address: 361 Collins Avenue 8 Miam: Beach
FC 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{9/7/10}{10000000000000000000000000000000000$
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)
Degation Ceal Estate Management 309 23rd stroet #300 Mim: Beach, FL 33 139
309 23rd stroet #300 Minn: Beach, FL33139
<u>Resigned</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JACqueline Lalonde 3
JACQUELINE Lalonde 36 Collins Avenue # 8 P.O. Box NOT acceptable
Miumi Beach, FL 33139
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.
1 MM/1 JACQUELAK LACONDE
Significant of the order of the
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 polified in writing of this change.
- Intlan : 97/10.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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