

N 95 0000003286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

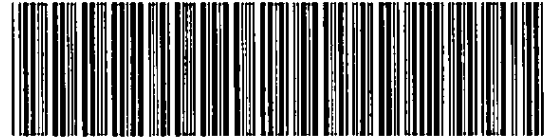
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
TALLAHASSEE FILING OFFICE
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LAW OFFICES
BLAXBERG, GRAYSON, KUKOFF & FORTEZA, P. A.

SUITE 730, INGRAHAM BUILDING
25 SOUTHEAST SECOND AVENUE
MIAMI, FLORIDA 33131-1506

www.blaxgray.com

Telephone: (305) 381-7979

Telefax: (305) 371-6816

harry.blaxberg@blaxgray.com

West Coast Office
2047 5th Avenue N
St. Petersburg, FL 33713

I. Barry Blaxberg
Moises T Grayson*
Ian J. Kukoff**
Gaspar Forteza
Isabel Colleran
Amanda Lipsky
Carrie Henry

*Also Licensed in New York

**Also Licensed in Texas (Inactive)

November 2, 2020

VIA CERTIFIED MAIL:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Seacoast 5151 Condominium Association, Inc. – Registered Agent
File No. 3021.0000**

Dear Sir/Madam:

Enclosed please find check no.: 3236 n the amount of \$ 35.00 as payment for the change of Registered Agent and office for the Association.

Should you have any questions, feel free to contact our office.

Very Truly Yours,

/s/ I. Barry Blaxberg

I. Barry Blaxberg, Esq.

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N95000003286

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:

I. BARRY BLAXBERG

Name of Contact Person

BLAXBERG, GRAYSON, KUKOFF AND FORTEZA, P.A.

Firm/Company

25 SE 2ND AVENUE SUITE 730

Address

MIAMI, FL 33131

City/State and Zip Code

BARRY.BLAXBERG@BLAXGRAY.COM

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

For further information concerning this matter, please call:

BARRY BLAXBERG

at (305) 381-7979

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SEACOAST 5151 CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5151 COLLINS AVENUE SUITE 226
MIAMI BEACH, FL 33140

3. The mailing address (if different): _____

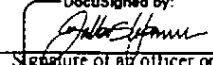
4. Date of incorporation/qualification: 7/11/1995 Document number: N95000003286

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)
SKRLD, INC.
201 ALHAMBRA CIRCLE, STE. 1102
CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BLAXBERG, GRAYSON, KUKOFF AND FORTEZA, P.A.
25 S.E. 2ND AVENUE SUITE 730
P.O. Box NOT acceptable
MIAMI, FL 33131

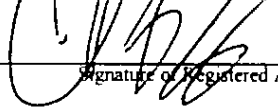
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

DocuSigned by:

Signature of an officer or director
36782CC05F5C484...

STEFANO FALBO 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

11/02/2020
Date

FILED
2020 NOV -9 1:29
STATE OF FLORIDA
TALLAHASSEE

If signing on behalf of an entity:
I.BARRY BLAXBERG
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 (04/13)