N96000003618

CT CORPORATION SYSTEM

CORPORATION(S) NAME	3	•	FILED 2001 OCT -4 AM II: 43 TALLAHASSEE, FLOWIDA TALLAHASSEE, FLOWIDA
Atlantic Princess Condomin	ium Association Inc	· · · · · · · · · · · · · · · · · · ·	THE PERSON
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() Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal	() Mark	
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Updater			
Verifier			
W.P. Verifier		Amount: \$	

C. Coulliste OCT 0 4 2001

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State ofFlorida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: Atlantic Princess Condominium Association. Inc.								
						2. The mailing address of the corporation is: 3120 Colli	ins Avenue, Miami Beach, FI	3314
						3. Date of incorporation/qualification: 1996.	Document number:	
4. The name and address of the current registered agent and o	office:							
Certified Property Manageme	SEC NOT Alberto Cohen ARY OF STATE OF S	3 00 0						
170 Ocean Lane Drive	HAX	<u> </u>						
Key Biscayne, Florida 3314	19 SS +							
5. The name and address of the new registered agent and offic	ce: (P. O. Box Not Acceptable)							
C T Corporation System	LOST -	-						
c/o CT Corporation System, 1200 South Pine Islan	ad Road	- 5						
Plantation, Florida 33324								
The street address of its registered office and the street addingent, as changed, will be identical.	ress of the business office of its registered							
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so							
7///ve	9-13-01							
(Signature of an officer, chairman or vice chairman of the box	(Date)	••						
Lorrain & Hochstum - Preside (Printed or typed name and title)	o .							
		-						
Having been named as registered agent and to accept service or a servi	ice of process for the above stated agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as							
(Signature of Registered Agent)	(Date)							
f signing on behalf of an entity:	BABARA A. BURKE SPECIAL ASSISTANT SECRETARY							
(Typed or Printed Name)	(Capacity)	-						
R2E045(4/95)	FILING FEE: \$35.00							