## N9600000 5601

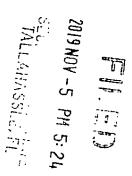
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
	The Mediterranean Condominium Association Inc						
SUBJ	ECT: Name of Corporation						
	N9600005601						
DOC	UMENT NUMBER:						
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	PMI Sunshine State						
	Name of Contact Person PMI Sunshine State						
	Firm/Company 1680 Michigan Ave Suite 1001						
	Miami Beach Fl 33139						
	City/State and Zip Code boris@pmisunshinestate.com						
	E-mail address: (to be used for future annual report notification)						
	rther information concerning this matter, please call: s Darchy 786 440 6157						
	Name of Contact Person at () Area Code & Daytime Telephone Number						
Enclo	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

TO:



## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation r to change its registered office or	ı organized under	the laws of the Sta	ale of Florida 2: (1)
	The Mediterra	•	inium Associati	-
1. The name of t	the corporation: 9008 Collins A			
2. The principal Surfside F	office address:			
3. The mailing a	ddress (if different):	unshine State		
	chigan Ave Suite 1001 Miar	ni beach Fl 33	139	
4. Date of incorp	poration/qualification: 11/01/1	996 Doc	ument number:	196000005601
	I street address of the current regis	resigned)	egistered office on	file with the
	Miami Powerhouse Ma	anagement		<del></del>
	1000 Fifth Street Suite	218		
	Miami Beach FI 33139			
6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed):				
	PMI Sunshine State			
	1680 Michigan Ave Suite 1	001		See P
	P.O.F Miami Beach Fl 33139	Box NOT acceptable	-	15:2
The street address changed will	ess of its registered office and the be identical.	street address of	the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its boa een notified in w	rd of directors or liriting of the chang	by an officer so le.
	for Devens	Eyta	an Benzeno	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no	ent and agree to ill statutes relativ and accept the c to reflect a chan tified in writing o	act in this canacit	יי
			10/29/201	9
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	sped or Printed Name			

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