N96000006412

(Re	equestor's Name)	
(Ad	dress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	.
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		s
L		





600296020536

02/27/17--01010--026 **35.00

Wasser Louis

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Armitago Place Conduminium Association Inc. Name of Corporation		
DOCUMENT NUMBER: <u>N 9000006412</u>		
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:		
Renée Horowitz Name of Contact Person		
Solstice Residential South, LLC		
Firm/Company		
257 Park Avenue South, Suite 303		
Mew York NY 10010 City/State and Zip Code		
rhorowitz@ solstice. us. com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: 2/2 753-2329 × 3/8		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made navable to the Department of State		

closed 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

RENEE HOROWITZ 257 PARK AVE SOUTH, STE 303 NEW YORK, NY 10010

SUBJECT: ARMITAGE PLACE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N96000006412

We have received your document for ARMITAGE PLACE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 117A00003861

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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 Horida		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Armituge Place Conduminium Association Inc.		
2. The principal office address: No Sulstice Residential South LCC		
701 Brickell Avenue Suite 1490 Migmi Florida 33/31		
3. The mailing address (if different): 6/0 Solstice Residential South, LLC		
257 Park Avenue South Suite 303 New York New Yor		
4. Date of incorporation/qualification: 12/17/1996 Document number: N900006412		
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)		
AXS Law Group PLLC		
730 third Street Unit 106		
Miami Beach FL 33139		
6. The name and street address of the new registered agent (if changed) and /or registered office . (if changed):		
Solstice Residential South LLC		
1) Brickell Avenue 25 th Park Ave. South, Suite 303		
Swite 1490 New York NY 10010		
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 poard of the corporation has been notified in writing of the change.		
Signature of an officer or director Alex Kala jian Assistant Societary Printed or typed name and nile		
I herebly 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		
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.		
neres conjunt infulfine corporation has been notified in writing of this change.		
Signature of Negistered Agent Date		
If signing on behalf of an entity:		
Alex Kalajian		
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)