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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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REGISTERED AGENT CHANGE

2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 1999

2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC. 2600 ISLAND BOULEVARD BLDG ADM OFFICE AVENTURA, FL 33160US

SUBJECT: 2600 ISLAND BOULEVARD CONDOMINIUM ASSOCIATION, INC.

REF: N97000004923

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Darlene Connell Corporate Specialist

FAX Aud. #: E99000014296 Letter Number: 199A00032960 Florida Department of State, Jim Smith, Secretary of State;# 2/ 3

"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 of Florida submits the following statement in order to change its registered offic ? or registered agent, or both, in the State of Florida.

| | the corporation is: _2600 Island For levered Condomin | |
|--|---|--|
| 33160 | | |
| ic. Date of inco 2. The hame a | orporation: 8/29/97 Document number and address of the current registered agent and office: Rod White | N97000004923 |
| | 2600 Island Boulevard | 75 C |
| | Aventura, PL 33160 | Por Not Acceptable |
| 3, The name an | d address of the new registered agent and office:IP.O. E | A STATE OF THE PARTY OF THE PAR |
| | SKRID, Inc. 201 Albanium Circle, Suita 1102 | |
| | coral Cables, Florida 33134 | the business office of its |
| an aintered 五代的代 | t ga changad. Will be kielulyel | |
| Such change v so authorized | vas authorized by recolution duly adopted by its board o | of directors or by an officer |
| (Signature | of an officer, chairman of airman of airman of the board) | (Data) |
| ROD WH | President Speci name and tite) | |
| Having bean i corporation, li i further agree performance o registered age | named as registered agent and to accept service of pure the service of pure the service of pure to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the ont. | ocess for the above stated agree to actin this capacity, to the proper and complete bligation of my position as |
| Alon A TE | issa A. Lermer, Secretary 6/14/5 | (Date) |
| CASE045(7/93) | Division of Corporations, P.O. Box 6327, Tallahasse | e, FL 32314 FILING FEE: 135.00 |

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