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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| MILLENNIUM CONDOMINIUM ASSOCIATION, INC.  Name of Corporation  N9900001657  DOCUMENT NUMBER:  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:  Keith D. Silverstein, Esq.  Name of Contact Person  Keith D. Silverstein, P.A.  Firm/Company  701 Brickell Avenue, Suite 2000  Address  Miami, Florida 33131  City/State and Zip Code  keith@silversteinpa.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Keith D. Silverstein, P.A.  Name of Contact Person  Name of Contact Person  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address: |                            | ndment Section<br>ion of Corporations    |                          |                       |  |  |
|---|----------------------------|--|--------------------------|-----------------------|--|--|
| Name of Corporation  N9900001657  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:  Keith D. Silverstein, Esq.  Name of Contact Person  Keith D. Silverstein, P.A.  Firm/Company  701 Brickell Avenue, Suite 2000  Address  Miami, Florida 33131  City/State and Zip Code  keith@silversteinpa.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Keith D. Silverstein, P.A.  Name of Contact Person  at (305 868-0200)  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.   | SUBJECT:                   | MILLENNIUM CONDOMINIUM                   | ASSOCIATION, IN          | C.                    |  |  |
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| Keith D. Silverstein, Esq.  | DOCUMEN'                   | Г NUMBER:N99000016                       | 857                      | ·                     |  |  |
| Keith D. Silverstein, Esq.  Name of Contact Person  Keith D. Silverstein, P.A.  Firm/Company  701 Brickell Avenue, Suite 2000  Address  Miami, Florida 33131  City/State and Zip Code  keith@silversteinpa.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Keith D. Silverstein, P.A.  Name of Contact Person  at (305 868-0200  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  | The enclosed               | Statement of Change of Registered Office | e/Agent and fee are subn | nitted for filing.    |  |  |
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| Firm/Company  701 Brickell Avenue, Suite 2000  Address  Miami, Florida 33131  City/State and Zip Code  keith@silversteinpa.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Keith D. Silverstein, P.A.  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:   |                            | Name of Co                               | ntact Person             |                       |  |  |
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| Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Street Address:   | Keith D.                   | Silverstein, P.A.                        | 305 86                   | 3-0200                |  |  |
| Mailing Address: Street Address:  |                            | Name of Contact Person                   | Area Code & Day          | time Telephone Number |  |  |
| Mailing Address: Street Address:  | Enclosed is a              | \$35.00 check made payable to the Depar  | tment of State.          |                       |  |  |
| Amendment Section Amendment Section   |                            | Mailing Address: Amendment Section       | Street Addres Amendment  | s:<br>Section         |  |  |
| Division of Corporations Division of Corporations   |                            | Division of Corporations                 |                          | <del>-</del>          |  |  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle   |                            |  |                          | -                     |  |  |

Tallahassee, FL 32301

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

| statement of cha   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida records of the State of Florida.  |  |  |  |
|--|---|--|--|--|
| 1. The name of   | he corporation: MILLENNIUM CONDOMINIUM ASSOCIATION, INC.  |  |  |  |
| 2. The principal   | office address: 18671 Collins Avenue, Sunny Isles Beach, Florida 33160  |  |  |  |
| 3. The mailing a   | ddress (if different):  |  |  |  |
| 4. Date of incorp  | poration/qualification: 03/17/1999 Document number: N9900001657   |  |  |  |
| 5. The name and  | I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)   |  |  |  |
|  | SKRLD, INC.   |  |  |  |
|  | 201 ALHAMBRA CIRCLE, STE. 1102  |  |  |  |
|  | CORAL GABLES, FL 33134  |  |  |  |
| 6. The name and (if changed):  | I street address of the new registered agent (if changed) and /or registered office   |  |  |  |
|  | Keith D. Silverstein, Esq.  701 Brickell Avenue, Suite 2000   |  |  |  |
|  | P.O. Box NOT acceptable   |  |  |  |
|  | Miami, Florida 33131  |  |  |  |
| The street address changed will  | ess of its registered office and the street address of the business office of its registered agent, be identical.   |  |  |  |
| Jee 16   | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.   |  |  |  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The my duties, and I am familiar with and accept the obligation of my position as registered The is document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change. |  |  |  |
|  | hAshibition 6/27/17 nature of Registered Agent Date   |  |  |  |
|  | half of an entity:  |  |  |  |
|  | yped or Printed Name  |  |  |  |

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