P96000018098

(Re	equestor's Name)	
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/C:		- 40
(Cli	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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OIVISION OF STATIONS

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COVER LETTER

TO: Amendmer Division of	at Section Corporations			
SUBJECT:	THE FLORIDA APAR	TMENT CLUB INC Corporation		
DOCUMENT NU	MBER: P96	000018098		
The enclosed States	ment of Change of Registered Offic	ee/Agent and fee are submitted for filing.		
Please return all con	rrespondence concerning this matte	r to the following:		
		· ·		
	RICHAI	RD LISS		
•	Name of Co	ntact Person		
		YCO		
	rirm/C	ompany		
	1600 DONCE DE	LEON BLVD BLL4		
		LEON BLVD PH-1		
	, - , -, -, -			
	CORAL GARLES	ELORIDA 33134		
CORAL GABLES FLORIDA 33134 City/State and Zip Code				
RL@DAYCOGROUP.COM E-mail address: (to be used for future annual report notification)				
		and almost report notification;		
For further information concerning this matter, please call:				
	RICHARD LISS	305 \ 277 8222		
	ne of Contact Person	at (305) 377-8333 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	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 ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: THE FLORIDA APARTMENT CLUB, INC.
2. The principal	l office address: 1600 PONCE DE LEON BLVD PH-1 CORÁL GABLES FL 33134
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 02/27/1996 Document number: P96000018098
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	LISS, RICHARD
	848 BRICKELL AVE STE 810
	MIAMI FLORIDA 33131
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	LISS, RICHARD 5
	1600 PONCE DE LEON BLVD PH-1
\wedge	P.O. Box NOT acceptable CORAL GABLES FLORIDA 33134
_	
The street address as change will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change va authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so
-9.0	8-24-09 LUIS LAMAR Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bet corporation has	t 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 performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this type filed merely to reflect a change in the registered office address, I hereby confirm that the speen patified in writing of this change.
Talal,	Z. 8/26/09
_	gnature of Registered Agent Date
If signing on be	ehalf of an entity:
	RICHARD LISS Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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