oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA VELAZQUEZ

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Officer/Director Detail :			
Title	SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	PORTOCARRERO-OLESEN, PATRICIA	Name	COLGAN, WESLEY III
Address	644 EUCLID AVE #2	Address	644 EUCLID AVE #7
Audress		City-State-Zip:	MIAMI BEACH FL 33139
City-State-Zip:	MIAMI BEACH FL 33139	, ,	
		Title	LCAM
Title	TREASURER, DIRECTOR	Name	VELAZQUEZ. ANDREA
Name	VLODKOWSKY, PAULA	A .I.I	
Address	644 EUCLID AVE APT 6	Address City-State-Zip:	1370 WASHINGTON AVE. #207
			MIAMI BEACH FL 33139
City-State-Zip:	MIAMI BEACH FL 33139		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MIAMI QUALITY MANAGEMENT 1370 WASHINGTON AVE. SUITE 207 MIAMI BEACH, FL 33139 US

SIGNATURE: A VELAZQUEZ

MIAMI BEACH. FL 33139

Current Principal Place of Business:

Current Mailing Address:

DOCUMENT# 715596

644 EUCLID AVE

C/O MQM PO BOX 191042 MIAMI BEACH, FL 33119 US

FEI Number: 59-1726973

Entity Name: 644 EUCLID CONDOMINIUM, INC.

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

LCAM

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Jun 30, 2020

Secretary of State 7966387159CC

06/30/2020 Date

06/30/2020 Date