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
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: JUAN GARCIA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400001278

Entity Name: POWER ONE PROFESSIONAL AND MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8140 NW 155TH STREET 101 MIAMI LAKES, FL 33016

Current Mailing Address:

8140 NW 155 ST. SUITE 101 MIAMI LAKES, FL 33016

FEI Number: 56-2437811

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, FRANKEL 4000 HOLLYWOOD BLVD. 265 SOUTH HOLLWOOD, FL 33021 US

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.

SIGNATURE	E: DENNIS EISINGER			02/05/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	GARCIA, JUAN	Name	SHEALY, MICHAEL		
Address	8140 NW 155TH STREET 101	Address	8140 NW 154TH STREET 101		
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016		
Title	TREASURER				
Name	CASANOVA, MARGARITA				
Address	8140 NW 155TH STREET 101				
City-State-Zip:	MIAMI LAKES FL 33016				

PRESIDENT

02/05/2018 Date

FILED Feb 05, 2018 Secretary of State CC7095126857

Certificate of Status Desired: No