### 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: MARIA RISI

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0400007932

Entity Name: EUCLID CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

820 EUCLID AVE MIAMI BEACH. FL 33139

## **Current Mailing Address:**

C/O BLUE SKY MIAMI 1680 MICHIGAN AVE STE 908 MIAMI BEACH, FL 33139 US

# FEI Number: 20-1536407

### Name and Address of Current Registered Agent:

GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC 2600 DOUGLAS ROAD SUITE 717 MIAMI BEACH, FL 33134 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 AVI S. TRYSON			04/10/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP/SECRETARY	
Name	RISI, MARIA	Name	MATTHEWS, ANTHONY	
Address	C/O BLUE SKY MIAMI 1680 MICHIGAN AVE SUITE 908	Address	C/O BLUE SKY MIAMI 1680 MICHIGAN AVE SUITE 90	8
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	
Title	TREASURER			
Name	DEL REAL, FEDERICO			
Address	C/O BLUE SKY MIAMI 1680 MICHIGAN AVE SUITE 908			
City-State-Zip:	MIAMI BEACH FL 33139			

Certificate of Status Desired: No

04/10/2019

PRESIDENT

FILED Apr 10, 2019 Secretary of State 2548598704CC

Date