	ICIPAL Place of Business: I STREET, STE. 301 L 33180			
Current Mai	ling Address:			
	5TH STREET, STE. 301 , FL 33180 US			
FEI Number: 82-3738227		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
COHEN, GARY 2750 NE 185TH AVENTURA, FL	I STREET, STE. 301			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its regise: GARY COHEN	stered office or regis	5	4/19/2022
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	stered office or regis	5	
	Electronic Signature of Registered Agent	stered office or regis	5	4/19/2022
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	5	4/19/2022
SIGNATURE Officer/Dire	E: GARY COHEN Electronic Signature of Registered Agent		0	4/19/2022
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : DPVP	Title	DST	4/19/2022 Date
SIGNATURE Officer/Dire Title Name	E: GARY COHEN Electronic Signature of Registered Agent Ctor Detail : DPVP COHEN, GARY	Title Name	O DST COHEN, GARY 2750 NE 185TH STREET, STE. 30	4/19/2022 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301	Title Name Address	O DST COHEN, GARY 2750 NE 185TH STREET, STE. 30	4/19/2022 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301 AVENTURA FL 33180	Title Name Address	O DST COHEN, GARY 2750 NE 185TH STREET, STE. 30	4/19/2022 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301 AVENTURA FL 33180 D	Title Name Address	O DST COHEN, GARY 2750 NE 185TH STREET, STE. 30	4/19/2022 Date

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: GARY COHEN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N17000012390

Entity Name: PRIVE AT ISLAND ESTATES MARINA ASSOCIATION, INC.

Current Principal Place of Business:

DPVP

04/19/2022 Date

FILED Apr 19, 2022 Secretary of State 1814077494CC
