

750 424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

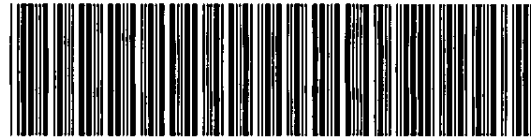
(Business Entity Name)

(Document Number)

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14 Aug 23 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 15 2013
C. CARROTHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2014

MARIA GARCIA CAM
KINGS CREEK SOUTH CONDO INC
7735 SW 86 ST
MIAMI, FL 33143

SUBJECT: KINGS CREEK SOUTH CONDOMINIUM, INC.
Ref. Number: 750424

We have received your document for KINGS CREEK SOUTH CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 014A00018453

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kings Creek South Condominium, Inc.
Name of Corporation

DOCUMENT NUMBER: 750 424

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA GARCIA CAM
Name of Contact Person

Kings Creek South Condominium, Inc.
Firm/Company

7735 SW 86 ST
Address

MIAMI, FLORIDA 33143
City/State and Zip Code

Kingscreeksouth@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA GARCIA CAM at (305) 271-5454
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kings Creek South Condominium, Inc

2. The principal office address: 7735 SW 86 ST MIAMI, FL 33143

3. The mailing address (if different):

4. Date of incorporation/qualification: 1995 Document number: 7512424

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SKRLD, INC.
201 Alhambra Circle, 11th Floor
Coconut Gables, FL 33134

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIA GARCIA
7735 SW 86 ST
P.O. Box NOT acceptable
MIAMI, FL 33143

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12-12-14
Date

If signing on behalf of an entity

Silvia Rojas
Typed or Printed Name

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

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