

NO1000007999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

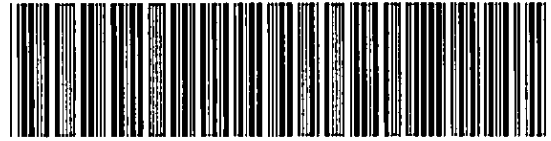
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2020 JUN 16 10:10

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05/22/20--01003--006 **25.00
06/17/20--01019--001 **10.00

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
OFFICE OF CORPORATIONS

2020 JUN 16 PM 1:04

FILED

JUN 17 2020
S. YOUNG



2020 JUN 10 PM 3:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2020

CIRO CAMPAGNOLI
2727 HILOLA ST
MIAMI, FL 33133

SUBJECT: CASABLANCA VILLAS CONDOMINIUM ASSOCIATION OF MIAMI
BEACH, INC.
Ref. Number: N01000007999

We have received your document for CASABLANCA VILLAS CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. ✓ Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00011443

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASABLANCA VILAS CONDOMINIUM ASSOCIATION
Name of Corporation OF MIAMI BEACH INC.

DOCUMENT NUMBER: NO1000007999

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:

CIRO CAMPAGNOLI
Name of Contact Person

Firm/Company

382 NE 191 ST - PMB 80405
Address

MIAMI, FL 33179-3899
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
CIRO CAMPAGNOLI@GMAIL.COM

For further information concerning this matter, please call:

CIRO CAMPAGNOLI at (646) 506-8802
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Casablanca Villas Condominium Association
- 2. The principal office address: 382 NE 191 st PMB 80405 of Miami Beach
MIAMI, FL 33179-3899
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/13/01 Document number: NO1000007994
- 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)

PO GUIDO
1001 Brickell Bay Drive
Suite 2508 MIAMI 33131

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

CIRO CAMPAGNOLI
382 NE 191 st - PMB 80405
33179 - 3899 MIAMI, FL

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2020 JUN 16 PM 1:04
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

Ciro Campagnoli
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

6/16/20
Date

If signing on behalf of an entity:

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