N03000006921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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9/25/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHAMROCK BY THE GABLES CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000006921

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:

Shaun Zaciewski
Name of Contact Person

Law Offices of Shaun Zaciewski
Firm/Company

175 SW 7th St, STE 1611
Address

Miami, FL 33130
City/State and Zip Code

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

For further information concerning this matter, please call:

Law Offices of Shaun Zaciewski at (786) 353-0195
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

CR2E045 (04/13)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2022

1:30 pm

SHAUN ZACIEWSKI
175 SW 7TH STREET
SUITE 1611
MIAMI, FL 33130

SUBJECT: SHAMROCK BY THE GABLES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N03000006921

We have received your document for SHAMROCK BY THE GABLES CONDOMINIUM ASSOCIATION, 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 622A00019979

SEP 2022

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: SHAMROCK BY THE GABLES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 12485 SW 137 Ave Ste 309, Miami, FL 33186

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/12/2003 Document number: N03000006921

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)

FRANK PEREZ-SIAM P.A.

7001 S.W. 87 COURT

MIAMI, FL 33173

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

Law Offices of Shaun Zaciewski, P.A.

175 SW 7th ST, STE 1611

P.O. Box NOT acceptable

Miami, FL 33130

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 of an officer or director

ALEJANDRO JOSE CACERES, PRESIDENT

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 of Registered Agent

6/13/22

Date

If signing on behalf of an entity:

Shaun Zaciewski

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

CR2E045 (04/13)