## NO3000006921

(Requestor's Name)
(Requestors Marile)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<del></del>

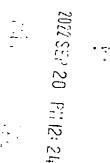
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06/17/22--01015--015 \*\*35.00



9/25/2022

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Name of Corporation	
DOCUMENT NUMBER: N03000006921	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	nis 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 annu	iaf 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 & Davtime Telephone Numb

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

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

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

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

52.7 % 0 2002

Letter Number: 622A00019979

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State of $\frac{1}{2}$	Florida		
	er to change its registered office or registered agent, or both, in the State of I			
	the corporation: SHAMROCK BY THE GABLES CONDOMINIUM ASSOCI	A HON	. INC.	
2. The principal	office address: 12485 SW 137 Ave Ste 309, Miami, FL 33186			<del></del>
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 08/12/2003 Document number: N030000	006921		
5. The name and	I street address of the current registered agent and registered office on file witness that: (If resigned, enter resigned)			
	FRANK PEREZ-SIAM P.A.			
	7001 S.W. 87 COURT		2022 SEP	د ۱۰
	MIAMI, FL 33173	=======================================	⊱ı> 20	·
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	tice		
	Law Offices of Shaun Zaciewski, P.A.	<u>-</u> '	Fii 12: 24	
	175 SW 7th ST, STE 1611	_		
	P.O. Box NOF acceptable Miami, FL 33130			
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	- ts regis	tered a	gent,
Such change wa	is authorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	officer	r so	
	ALEJANDRO JOSE CACERES, I	PRESID	ENT	
	Printed or typed name and it	ile		
l further agrée l of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registered of fice address. I herely been notified in writing of this change.	iplete j d agen by conf	verforn t. Or. i irm thá	iance f this it the
Sig	nature 6' Registered Agent Date			<del></del>
_	half of an entity:			
She	MM 2d CrEW (1)  Sped or Printed Name			

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