

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: BALDY MARTINEZ P.A.

Account Number: I20110000042

: (305)454-5804

: (305)454-5808 Fax Number

\*\*Enter the email address for this business entity to be used for future رannual report mailings. Enter only one email address please.\*\*

ail Address:

REGISTERED AGENT CHANGE

PARADISE AT SUNSET CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Corporate Filing Menu

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#### COVER LETTER

TO:

Amendment Section **Division of Corporations** 

Paradise at Sunset Condominium Association, Inc.

Name of Corporation

N07000003017

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:

Baldy Martinez, P.A.

Name of Contact Person

Baldy Martinez, P.A.

Firm/Company

1999 S.W. 27 Avenue, 2nd Floor

Miami, FL 33145

City/State and Zip Code

bm@baldylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Baldy Martinez, P.A.

Name of Contact Person

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

Amendment Section

Street Address:

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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Fax: (305) 615-1371

# $(((H1500006938639639))^{9})^{9} )^{9} )^{13} )^{$

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

statement of c	change is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this
1. The name of	of the corporation: Paradise at S pal office address: 5979 N.W. 15	unset Condominium Association, Ir 1 Street, Suite 101 Miami, FL 3301	1C 4
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 01/28/20	09 Document number: N07000030	)17
	and street address of the current registed partment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	
	Baldy Martinez, P.A.		
	2100 Coral Way, Suite 4	103	.;r <sup>™</sup>
	Miami, FL 330145		MAR
<ol> <li>The name and street address of the new registered agent (if changed) and /or registered offi (if changed);</li> </ol>		d agent (if changed) and /or registered office	ASSEE.
	Baldy Martinez, P.A.		
	1999 S.W. 27 Avenue, 2	and Floor	0. 4. 9
		x NOT acceptable	Ā
	Miami, FL 33145		
=		treet address of the business office of its register opted by its board of directors or by an officer so an notified in writing of the change.	
Sign	alure of an officer or director	Printed or typed name and title	<del></del>
I hereby acce I further agre performance agent. Or, if hereby confir	pt the appointment as registered ager e to comply with the provisions of all of my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notif	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as regis O reflect a change in the registered office address fied in writing of this change.	tered s, I
		3/19/2015	
S	Signature of Registered Agent	Date	
If signing on l	behalf of an entity:		
Baldy Mai			
	Typed or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)