

N19000004560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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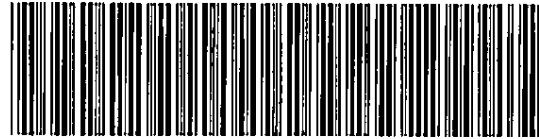
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEC 16 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3055-3057 MIAMI CONDOMINIUM ASSOCIATION INC.
Name of Corporation

DOCUMENT NUMBER: N19000004560

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:

ADRIANA TRUJILLO CASTELLANOS
Name of Contact Person

3055-3057 MIAMI CONDOMINIUM ASSOCIATION INC.
Firm/Company

3057 SW 21st TER
Address

MIAMI FL 33145
City/State and Zip Code

30553057condo@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA TRUJILLO C. at (305) 608-4845
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2019

ADRIANA TRUJILLO CASTELLANOS
3057 SW 21ST TERR
MIAMI, FL 33145

SUBJECT: 3055-3057 MIAMI CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N19000004560

We have received your document for 3055-3057 MIAMI 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 119A00023086

2019 DEC 16 11:10:46

www.sunbiz.org

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 3055-3057 MIAMI CONDOMINIUM ASSOCIATION INC
2. The principal office address: 2455 SW 27th AVE, SUITE 230
MIAMI FL, 33145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

ZOLLO, RONALD
2455 SW 27th Ave SUITE 230
MIAMI FL, 33145

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

TRUJILLO CASTELLANOS ADRIANA
3057 SW 27th TERR MIAMI FL, 33145

P.O. Box NOT acceptable

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

ADRIANA TRUJILLO C.
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

12/10/18
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
CR2E045 (04/13)

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TALLAHASSEE, FLORIDA