

N99000006742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

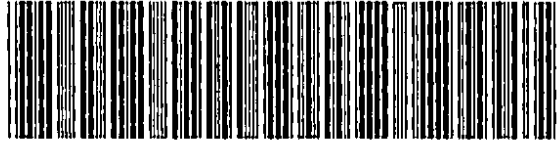
(Business Entity Name)

(Document Number)

ied Copies _____ Certificates of Status _____

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06/11/20--01009--025 **35.00

2020 JUN 11 AM 8:27

R. WHITE
JUN 30 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: King's Villas Condominium Association, Inc
Name of Corporation

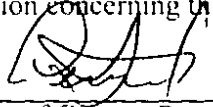
DOCUMENT NUMBER: _____

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:

LEONEL RIVERO
Name of Contact Person
KING'S VILLAS CONDOMINIUM ASSOCIATION, INC
Firm/Company
8714 NW 111th TER
Address
HIALEAH GARDENS, FL. 3318-4598
City/State and Zip Code
lall7913@bellsouth.com

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

For further information concerning this matter, please call:

LEONEL RIVERO  06/08/2020 at (786) 283 1094
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: KING'S VILLAS CO NDOMINIUM ASSOCIATION, INC

2. The principal office address: 8714 NW 111TH TER, HIALEAH GARDENS, FL. 3318-4598

3. The mailing address (if different): _____

4. Date of incorporation/qualification: MAY 29, 2020 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)

ALEXIS LOPEZ
1152 w 27 ST. APT 103, HIALEAH, FL. 33010 - 6107
(RESIGNED ON 5/29/220)

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

LEONEL RIVERO
8714 NW 111TH TER HIALEAH GARDENS . FLORIDA. 33018 - 4598
P.O. Box NOT acceptable

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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

Alexis Lopez Presidente

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

06/08/2020

Date

If signing on behalf of an entity:

Leonel Rivero

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