| UIVE. | | |
|-------|---|--|
| | Electronic Signature of Signing Officer/Director Detail | |

(ASSOCIATION MAILBOX) CORAL GABLES, FL 33134 US

FEI Number: 65-1055477

Name and Address of Current Registered Agent:

CARLOS, CHIALASTRI 2460 SW 22ND ST. **1ST FLOOR** MIAMI, FL 33145 US

| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | | |
|--|--|-----------------|-----------------------|------------|--|--|
| SIGNATURE | CARLOS CHIALASTRI | | | 06/29/2016 | | |
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | TD | Title | SD | | | |
| Name | PENA, ISABEL | Name | TOUSSAINT, CECILIA | | | |
| Address | 730 CORAL WAY # 302 | Address | 730 CORAL WAY | | | |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 | | | |
| Title | PD | | | | | |
| Name | MANN, SOFIA G | | | | | |
| Address | 730 CORAL WAY | | | | | |
| City-State-Zip: | CORAL GABLES FL 33134 | | | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

TD

SIGNATURE: ISABEL PENA

DOCUMENT# N0000000654

Entity Name: GREENWAYS CONDOMINIUM OF CORAL GABLES ASSOCIATION, INC.

Current Principal Place of Business:

730 CORAL WAY CORAL GABLES, FL 33134

Current Mailing Address:

730 CORAL WAY

FILED Jun 29, 2016 Secretary of State CC1622330338

Certificate of Status Desired: No

06/29/2016