#101 MIAMI, FL 331	86		
Current Mai	ling Address:		
P.O. BOX 83 MIAMI, FL			
FEI Number: 20-4045034		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:			
HERRADON, NATALIE TREASURER 7501 SW 117 AVE 830232 MIAMI, FL 33283 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: NATALIE HERRADON			
SIGNATURE	: NATALIE HERRADON		02/07/2024
SIGNATURE	E: NATALIE HERRADON Electronic Signature of Registered Agent		02/07/2024 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		
	Electronic Signature of Registered Agent	Title	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRES DEL SOL, ISAAC PRESIDENT 11965 SW 142 TER		VP
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRES DEL SOL, ISAAC PRESIDENT 11965 SW 142 TER #102	Name	Date VP CARLSON, DEAN VP 11965 SW 142 TERRACE, SUITE 105
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES DEL SOL, ISAAC PRESIDENT 11965 SW 142 TER #102	Name Address	Date VP CARLSON, DEAN VP 11965 SW 142 TERRACE, SUITE 105
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRES DEL SOL, ISAAC PRESIDENT 11965 SW 142 TER #102 MIAMI FL 33186	Name Address	Date VP CARLSON, DEAN VP 11965 SW 142 TERRACE, SUITE 105
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRES DEL SOL, ISAAC PRESIDENT 11965 SW 142 TER #102 MIAMI FL 33186 TRS, SECRETARY	Name Address	Date VP CARLSON, DEAN VP 11965 SW 142 TERRACE, SUITE 105

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.

SIGNATURE: NATALIE M HERRADON

TRS, SECRETARY

02/07/2024 Date

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500006968

Entity Name: AMALFI COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11975 SW 142ND TERRACE

FILED Feb 07, 2024 **Secretary of State** 8200719073CC