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	E TACIANA AMADOR		08/28/2019
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PRESIDENT	Title	TREASURER
Name	TORRE, VENNY	Name	SKINNER, TRUMAN
Address	208 ANDALUSIA AVE	Address	500 SOUTH DIXIE HIGHWAY, SUITE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	307 CORAL GABLES FL 33146
Title Name Address	VP TRIA, BARBARA 2631 PONCE DE LEON BLVD	Title Name Address City-State-Zip:	DIRECTOR HORNIK, JILLIAN 237 MIRACLE MILE CORAL GABLES FL 33134
City-State-Zip:	CORAL GABLES FL 33134		
Title	DIRECTOR		
Name	AMADOR, TACIANA		
Address	220 MIRACLE MILE, STE. 234		
City-State-Zip:	CORAL GABLES FL 33134		

220 MIRACLE MILE, STE. 234

FEI Number: 65-0782529

Name and Address of Current Registered Agent:

AMADOR, TACIANA 220 MIRACLE MILE, STE. 234 CORAL GABLES, FL 33134 US

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.

Current Principal Place of Business:

220 MIRACLE MILE, STE. 234 CORAL GABLES, FL 33134

DOCUMENT# N9700004255

REPORT

Current Mailing Address:

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

08/28/2019 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: TACIANA AMADOR

FILED Aug 28, 2019 Secretary of State 3166774649CC

Certificate of Status Desired: No

Date