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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PD

Electronic Signature of Signing Officer/Director Detail

\_ . ..

SIGNATURE:

Electronic Signature of Registered Agent

## 0

Officer/Director Detail :			
Title	Ρ	Title	VP
Name	GARCES, NELSON A	Name	GARCES, MAGNOLIA A
Address	7359 SW 120TH CT	Address	7359 SW 120 CT
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

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.

# FEI Number: 25-2793723

SUITE 120 CORAL GABLES, FL 33146

135 SAN LORENZO AVE

**Current Principal Place of Business:** 

## **Current Mailing Address:**

7359 SW 120 CT MIAMI, FL 33183

Entity Name: 135 SAN LORENZO AVE UNIT 120, INC

Name and Address of Current Registered Agent:

GARCES, NELSON A 7359 SW 120 CT MIAMI, FL 33183 US

Date

Feb 16, 2020 Secretary of State 7652869376CC

FILED

Certificate of Status Desired: No

Date

02/16/2020