

707689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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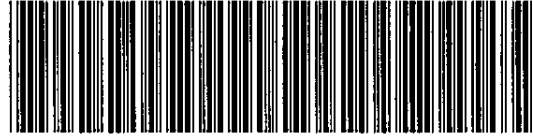
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*RJA Chg*

MAY 04 2015

R. WHITE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SKY LAKE GARDENS CONDOMINIUM #1 INC.  
Name of Corporation

DOCUMENT NUMBER: 707689

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:

ALFREDO AYUSO  
Name of Contact Person

SKY LAKE GARDENS CONDOMINIUM #1 INC  
Firm/Company

1643 NE MIAMI GARDENS DR APT. 118  
Address

NORTH MIAMI BEACH, FL 33179  
City/State and Zip Code

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

For further information concerning this matter, please call:

ALFREDO AYUSO at ( 786 ) 366.4848  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: SKY LAKES GARDENS CONDOMINIUM # 1 INC
2. The principal office address: 1643 NE MIAMI GARDENS DR. APT 118 NORTH MIAMI BEACH, FL 33179
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 08/11/1964 Document number: 707689

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)

ALBA MORENO
1639 NE MIAMI GARDENS DR #114
NORTH MIAMI BEACH, FL 33179

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

ALFREDO AYUSO
1643 NE MIAMI GARDENS DR. APT. 118
NORTH MIAMI BEACH, FL 33179
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: Rebecca Levin

Printed or typed name and title: REBECCA LEVIN

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: Alfredo Ayuso

Date: 04-22-2015

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*