

27689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

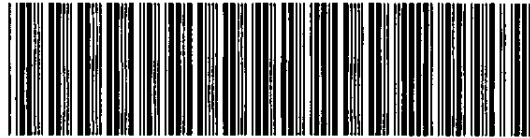
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sky Lake Gardens no1, Inc. A Condominium
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:

Neil Lefkowitz
Name of Contact Person

Sky Lake Gardens no1 Condominium
Firm/Company

1635 NE Miami Gardens Dr, Unit 235
Address

Miami, FL 33179
City/State and Zip Code

skylakegardens1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neil Lefkowitz at (305) 469-4327
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 Lake Gardens no 1, Inc. A Condominium
2. The principal office address: 1635 NE Miami Gardens Dr, unit 235 Miami, FL 33179
3. The mailing address (if different): P. O. Box 630635 Miami FL 33163
4. Date of incorporation/qualification: 8/11/1964 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)

Alfredo Ayuso
1643 NE Miami Gardens Dr, apt. 118
North Miami Beach, FL 33179

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

Neil Lefkowitz
1635 NE Miami Gardens Dr, unit 235
Miami, FL 33179
P.O. Box NOT acceptable

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]
Signature of an officer or director

EDGAR SCAREZ
Printed or typed name and title

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]
Signature of Registered Agent

8-6-15
Date

If signing on behalf of an entity:

Neil Lefkowitz
Typed or Printed Name

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