716513

(R	equestor's Name)					
(Ac	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
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15 MAR 24 PM 2: 51
SECRETARY OF STATE
TALLAHASSEE, FLORID

- 1525 - 1525

COVER LETTER

TO:	Amendment Sec Division of Cor							
SUBJ	ECT:	MAJESTIC GARE	ENS CO	NDO B				
		Name of C	orporation	 	<u> </u>			
DOC	UMENT NUMBI	716	513					
The e	closed Statement	of Change of Registered Offic	e/Agent a	nd fee are sub	mitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the fo	llowing:				
		LAPONICA	JACKSC	N				
		Name of Co	ntact Perso	on	_ .			
Firm/Company 4043 NW 16 TH STREET, UNIT #303								
Address LAUDERHILL, FLORIDA 33315								
City/State and Zip Code mddatatax@hotmail.com								
	E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call: 245-5462								
	LAPONICA "P	AM" JACKSON	at (954	423.4501			
	Name o	f Contact Person	Ar	ea Code & Da	aytime 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	,	Clifton Bui 2661 Exect	nt Section f Corporations			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	s submitted for a co	orporation organize	607.1508, or 617.1508, Florida S ed under the laws of the State of _ ed agent, or both, in the State of F	FLORIDA
1. The name of the co	rporation: M	AJESTIC GARD	ENS CONDOMINIUM ASS	SOCIATION B
2. The principal office	e address:	4043 NW 16	TH STREET B	
			, FLORIDA 33313	
3. The mailing addres	s (if different):	LAUDEKHILI	-, FLORIDA 33313	
4. Date of incorporation	on/qualification: _	5/7/1969	Document number:	716513
5. The name and stree Florida Department			ent and registered office on file w	rith the
		DATATAX 20	00, INC.	
		6331 STIRLIN	G ROAD	
		IS MA SECR ALLA		
6. The name and stree (if changed):	et address of the ne	15 MAR 24 PH SECRETARY OF TALLAHASSEE.		
		LAPONICA JA	ACKSON	FST FEL
	ET, UNIT #303	51 ATE ORIDA		
	LA	P.O. Box NOT ac JDERHILL, FLO	PRIDA 33315	
The street address of as changed will be id	its registered officentical.	ce and the street ac	ddress of the business office of i	ts registered agent,
			y its board of directors or by an fied in writing of the change.	
Labora	Toppoo		LAPONICA JACKS	
Signature of an	officer or director		Printed or typed name and ti	fle
I hereby accept the a I further agree to coi performance of my d agent. Or, if this doc hereby confirm that t	ppointment as reg nply with the prov uties, and I am far sument is being fil he corporation ha	ristered agent and visions of all statut miliar with and acc ed merely to reflec us been notified in	agree to act in this capacity, es relative to the proper and cor cept the obligation of my positio et a change in the registered offi writing of this change.	mplete n as registered ce address, I
\searrow				
Signature o	of Registered Agent	·	Date	
If signing on behalf of	of an entity:			
	PONICA JACK	SON		

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