725700

(Requestor's Name)		
(Äddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
K14 611		
Coxp connet be agent		
Coxp connot be agent New RA signature		

Office Use Only



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FILED

SECRETARY AND PH 4:22

ALLAHASSEE FLOHINA

ALLAHASSEE FLOHI



April 17, 2023

PALMETTO GARDENS CONDOMINIUM ASSOCIATION, INC. 6070 WEST 19 AVENUE UNIT 111 HIALEAH, FL 33012

SUBJECT: PALMETTO GARDENS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 725700

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00008608

Darlene Connell
Regulatory Specialist II Supervisor



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PAINETTO GAPDEDS CONDOMINIUM ASS. TAX.

Name of Corporation

DOCUMENT NUMBER: 725700

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:

ROPERTO TORGE

Name of Contact Person

PAINETO GARDENS COND). ASS. INC.

Firm/Company

6070 W 19⁴⁴ AVE. APT 103

Address

HANEAH FL. 3301 2

City/State and Zip Code

ROBERTOTORS C. CONCAST. NET

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

For further information concerning this matter, please call:

ROBERTO TORGE

at (305) 215 - 5972

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

$^{\circ}$ - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.15 nge is submitted for a corporation organized unde r to change its registered office or registered agen	er the laws of the State of <u>FWRIDA</u>
1. The name of t	he corporation: PACHETTO GARDENS (OUT NOLLEWAY HAMINHOURS
2. The principal	office address: 6070 W 19+4 AVE	
HIALEAH	FL 33012	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: Do	cument number: 725700
	street address of the current registered agent and tment of State: (If resigned, enter resigned)	registered office on file with the
	WCIA AMENTEL 6070 W 19th AND ART III HIACETILE, FL. 33012.	Alfaro & Fernandez P.A. 5801 NW 151 Street Suite 305 Miami Lakes, FL 33014
6. The name and (if changed):	I street address of the new registered agent (if char	nged) and /or registered office
	ROBERTO JOEGE	SELLIFALL
	HIALEAH FL. 33012	
The street address changed will	ess of its registered office and the street address of be identical.	of the business office of its registed agent,
Such change was authorized by the	as authorized by resolution duly adopted by its best board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
John	to an officer or director	Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to comply with the provisions of all statutes related I am familiar with and accept the obligation on filed merely to reflect a change in the register been notified in writing of this change.	to act in this canacity
	nature of Registered Agent	MAY 9, 2023
_	half of an entity:	Date 7
Ty	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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