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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BALDY MARTINEZ P.A.

Account Number : I20110000042 Phone

: (305)454-5804

Fax Number

: (305)454-5808

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:			
	Muui Caa.			

### REGISTERED AGENT CHANGE VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

To: +18506176380

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#### COVER LETTER

TO:	Amendment Section
	Division of Corporations

Versailles Gardens I Condominium Association, Inc Name of Corporation

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:

Baldy Martinez, P.A.

Name of Contact Person

Baldy Martinez, P.A.
Firm/Company

1999 S.W. 27 Avenue, 2nd Floor

Miami, FL 33145

City/State and Zip Code

bm@baldylaw.com

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

For further information concerning this matter, please call:

Baldy Martinez, P.A.

at (305) 454-5804 Area Code & Daytime Telephone Number

Name of Contact Person

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

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Fax: (306) 615-1371

To: +18506176380

Fax: +18506176380

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### (114150000720723)))

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

statement of c	ne provisions of sections 607.0502, 617.0502, 6 change is submitted for a corporation organized der to change its registered office or registered	under the laws of the State of FLORID				
	of the corporation: Versailles Gardens I pal office address: 12895 S.W. 132 Stre					
3. The mailing	g address (if different):					
4. Date of inco	orporation/qualification: 01/28/1987	Document number: 729424				
5. The name a	and street address of the current registered agent partment of State: (If resigned, enter resigned)		,			
	Baldy Martinez, P.A.	·				
	2100 Coral Way, Suite 403					
	Miami, FL 33145		JAL TAL			
6. The name a (if changed)	and street address of the new registered agent (if	'changed) and /or registered office	MAN 23 URETAR LAHASSI			
	Baldy Martinez, P.A.					
	1999 S.W. 27 Avenue, 2nd Flo	or	OF STA			
	P.O. Box NOT acceptable  Miami, FL 33145					
The street add		ross of the hyginess office of its variety	rad accord			
	iress of its registered office and the street addition in the street addition in the street additions of the street additions					
Such change vauthorized by	was authorized by resolution duly adopted by the board, or the corporation has been notified	is board of directors or by an officer s in writing of the change.	0			
Signa	ature of an officer or director	Printed or typed name and title	WIE			
I hereby accept I further agree performance a agent. Or, if t hereby confiri	pt the appointment as registered agent and ag e to comply with the provisions of all statutes of my duties, and I am familiar with and accep this document is being filed merely to reflect a m that the corporation has been notified in wr	ree to act in this capacity. relative to the proper and complete at the obligation of my position as regin change in the registered office addres iting of this change.	stered is, I			
	3/	23/2015				
	Signature of Registered Agent	Date				
If signing on t	behalf of an entity:					
Baldy Mai						
,	Typed or Printed Name	25 AA + + + -				

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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