

730 380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Change

11/05/21--01005--005 **35.00

A. RAMSEY

DEC 15 2021

2021 DEC 14 AM 10:49
CLERK OF COURT
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FILED

X-00789, 00611, 00672
*00789, 00709, 00524, 00611, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mansion Town House Condominium
Name of Corporation

DOCUMENT NUMBER: 730380

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:

Vivian Price

Name of Contact Person

Mansion Town House Condominium

Firm/Company

15141 NE 6 Ave

Address

Miami/Florida 33162

City/State and Zip Code

mansionth41@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Price

Name of Contact Person at (305) 948 9717
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 DEC -6 PM 12:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2021

VIVIAN PRICE
MANSION TOWN HOUSE CONDOMINIUM
15141 NE 6 AVE
MIAMI, FL 33162 US

SUBJECT: THE MANSION TOWN HOUSE CONDOMINIUM, INC.
Ref. Number: 730380

We have received your document for THE MANSION TOWN HOUSE CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list the current registered agent Vivian Price in section 5.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 221A00028376

**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: THE MANSION TOWNHOUSE CONDOMINIUM, INC.
2. The principal office address: 15141 N.E. 6TH AVENUE
MIAMI, FL 33162
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-6-1974 Document number: 730380
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)

VIVIAN PRICE
15141 N.E. 6TH AVENUE
MIAMI, FL 33162

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

MICHAEL CHRISTIN
15135 NE 6 AVE
MIAMI FL 33162

P.O. Box NOT acceptable

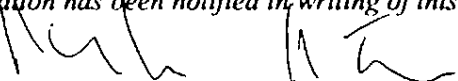
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

VIVIAN PRICE
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 of Registered Agent

12/08/2021
Date

If signing on behalf of an entity:

MICHAEL CHRISTIN
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
2021 DEC 14 AM 10:49
SECRETARY OF STATE
FLORIDA