

734601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

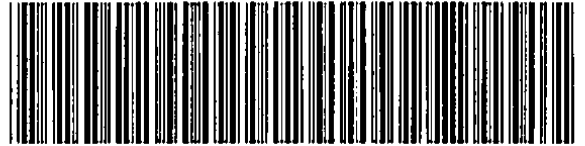
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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3/30/21

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lamil Townhouse Association Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 734601

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:

Hal Abrahams

Name of Contact Person

A Visible Property Management Company

Firm/Company

13414 SW 102nd Ln

Address

Miami, FL 33186

City/State and Zip Code

avisiblepmc98@aol.com

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

For further information concerning this matter, please call:

Hal Abrahams

Name of Contact Person

at (305) 752-7152

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

**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: Lamil Townhouse Association, Inc.
2. The principal office address: 10601 SW 71 Ln Miami, FL 33173
3. The mailing address (if different): PO Box 833413 Miami, FL 33283-3413
4. Date of incorporation/qualification: 12/15/1975 Document number: 734601
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)

Zapico, Deane

9700 S Dixie Hiway #660

Miami, FL 33156

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

Perla Sole Calas P.A.

14750 SW 77 Ct #300

P.O. Box NOT acceptable

Miami, FL 33016

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.

Judy Campo  
Signature of an officer or director

Judy Campo, President

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

01-27-2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (04/13)

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