738165

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(Business Entity Name)	
	(Document Number)	
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JQ 09/23/20

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE CROSSINGS HOMEOWNERS'ASSOCIATION, INC. Name of Corporation

DOCUMENT NUMBER: 738165

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:

Yamil Cabrera

Name of Contact Person

THE CROSSINGS HOMEOWNERS'ASSOCIATION, INC.

Firm/Company

11578 SW 132 AVE

Address

Miami, FL 33186

City/State and Zip Code

ycabrera@crossingshoa.com

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

For further information concerning this matter, please call:

Yamil Cabrera		387-0436
	_ at (& Daytime Telephone Number
Name of Contact Person	Allea Code	a pajante F

Enclosed is a \$35.00 check made payable to the Department of State.

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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 CROSSINGS HOMEOWNERS'ASSOCIATION, INC.

2. The principal office address: 11578 SW 132 AVE MIAMI, FL 33186

3. The mailing address (if different): <u>n/a</u>

Document number: 738165 4. Date of incorporation/qualification: _____

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)

	JOYCE GOODMAN GUENTHER P.A.			
	10723 SW 104 STREET	TAL	2020 JI	5
	MIAMI, FL 33176	LAH	JL 3	
6. The name and street address of the new registered agent (if changed) and /or register		ASSE	H4	
(if changed):		E S	بې	
	IGLESIAS LAW GROUP P.A.		_	

15800 PINES BOULEVARD SUITE 303

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33027

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.

 \mathcal{S} ature of un officer of director

ELNA EPPERSON 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. Thereby confirm that the corporation has been notified in writing of this change.

	7/9/2020
Signature of Registered Agent	Date
If signing on behalf of an entity.	
David Iglesias	
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