740991

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Bodaniene Hamber)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





000367436070

06/08/21--01021--008 **35.00

2021 JUN -8 AM 2: 41 SECRETARY OF STATE

6/18/3

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

statement of ch	ange is submitted for	a corporation organ	12, 607.1508, or 617.1508, Florida S vized under the laws of the State of F	lorida
in ord	ler to change its regist	tered office or regist	ered agent, or both, in the State of F	lorida.
1. The name of	the corporation: GRE	EYNOLDS PARK CL	UB ASSOCIATION, INC.	
2. The principa	l office address: 17890	W DIXIE HWY102	N. MIAMI BEACH, FL 33160	
3. The mailing	address (if different):			
4. Date of incor	poration/qualification	ı: <u>3/15/1995</u>	Document number: 740991	
5. The name an		current registered as	pent and registered office on file unit	
	Peters & Peters, P.A.			· 2
	9900 Stirling Road, S	uite 104		021 JU SECRE
	Cooper City, FL 3302	24		Z - S
6. The name and (if changed):			t (if changed) and /or registered offic	AM 2:1
	Peters & Peters, P.A.			AE -
	10400 Griffin Road, S	Suite 108		
	Cooper City, FL 3332		NOT acceptable	
The street address changed will	ss of its registered of be identical.	fice and the street a	ddress of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resole board, or the corpo	ution duly adopted ration has been noti	by its board of directors or by an of fied in writing of the change.	fficer so
	$-\sqrt{1.40}$		Guillermo David Arias Ruiz	
	e of an officer or director		Printed or typed name and title	
of my duties, and document is beir	the appointment as ri o comply with the pro d I am familiar with i ng filed merely to refi been notified in writ	and accept the oblig	agree to act in this capacity, es relative to the proper and comp ation of my position as registered o registered office address, I hereby	lete performance igent. Or, if this confirm that the
•	10-		5/28/21	
Sign	ature of Registered Agent		Date	
If signing on bel	nalf of an entity:			
Valerie Peters, of	Peters & Peters, PA			
Ту	ped 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)