## 741742

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zi	p/Phone #)		
PICK-UP W	AIT MAIL		
(Business En	tity Name)		
(Document Number)			
Certified Copies Cer	tificates of Status		
Special Instructions to Filing Offi	cer:		





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08/13/14--01007--001 \*\*35.00

BIVISION OF CHARLES SE

C. LEWIS

AUG 21 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations Gemini VI Townhouse Association, Inc. Name of Corporation 741742 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: Lisa Pardales Name of Contact Person Gemini VI Townhouse Association, Inc. Firm/Company P.O. Box 330444 Address Miami, FL 33233 City/State and Zip Code geminivitownhouseassociation@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Pardales 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

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

		.0502, 607.1508, or 617.1508, Florida Sta rganized under the laws of the State of Fl	
in orde	er to change its registered office or re	gistered agent, or both, in the State of Flo	orida.
1. The name of	the corporation: Gemini VI Tov	vnhouse Association, Inc.	
	office address: P.O. Box 3304		······································
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: January 17	, 1978 Document number: 741742	
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file with igned)	the
	Lisa J. Pardales		
	2580 Lincoln Avenue		<b>子</b> 号
	Coconut Grove, FL 33133	3	(14 AUG 13
6. The name and (if changed):	1 street address of the new registered	agent (if changed) and /or registered offic	
	Marc A. Kuperman, Esq.		8: 5
	7695 S.W. 104 Street	Ste 210	5 ×
	P.O. Box Miami, FL 33156	NOT acceptable	
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its r	egistered agent,
Such change was authorized by the	/ / , .	pted by its board of directors or by an off inotified in writing of the change.	ficer so
Ive!		Lisa J. Pardales Secretary/Tr	easurer
I hereby accept	te/of an officer or director the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to that the/corporation has been notific	Printed or typed name and title t and agree to act in this capacity. statutes relative to the proper and compl ad accept the obligation of my position a reflect a change in the registered office of ed in writing of this change.	ete s registered address, I
Marc	N Kuper	8/11/14	
•	nature of Registered Agent	Date	
It signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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