

747977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368820465

07/02/21 10:01:00 4035.00

FILED
2021 JUL -2 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FL

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 VILLAGE HOMES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 12350 SW 132 COURT #114, Miami, FL 33186

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07-05-1979 Document number: 797977

5. The name and street address of the current registered agent and registered office on file with the

Basulto Robbins & Associates, LLP

14160 NW 77 Ct Ste 22

MIAMI LAKES, FL 33016

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

Iglesias Law Group, P.A.

15800 Pines Blvd, 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.

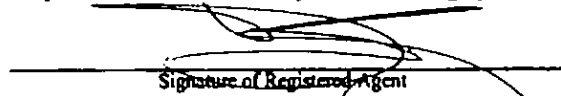


Signature of an officer or director

Diana Carbally 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 of Registered Agent

6/25/21

Date

If signing on behalf of an entity:

David D. 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

CR2E045 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL.

2021 JUL -2 PM 1:24

FILED