754302

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TO:

Amendment Section Division of Corporations

Harding Villas Condominium Association, Inc.

Name of Corporation

754302

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:

REINALDO CASTELLANOS, ESQ

Name of Contact Person

REINALDO CASTELLANOS, P.A.

Firm/Company

9960 BIRD ROAD

Address

MIAMI, FLORIDA 33165.-

City/State and Zip Code

REY@CASTELLANOSLAW.COM

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

For further information concerning this matter, please call:

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

Pursuant to the prov statement of change					4 .
in order to c	change its registered	d office or regisi	tered agent, or both,	in the State of I	Torida.
1. The name of the co	orporation: Hare	Ling Villas	Condominium	n Asocian	tion, Inc.
2. The principal offic	ce address: <u>6965</u>	Harding A.	venue, Lossy	Thice,	<u> </u>
	Miami	Beach,	Florida 33	141	
3. The mailing addre		NA			
4. Date of incorporat	ion/qualification:	09-23-19	Document nu	ımber: <u>754.</u>	302
5. The name and stre Florida Departmer	et address of the cu nt of State: (If resign			office on file w	ith the
<u></u>	liega	Jorgain			5.5
let	165 Harding		# 4na		
<u></u>		-9 ,	77 /05		
<u> </u>	iami Beach,	Horida	33/4/		SASS -
6. The name and stre (if changed):			nt (if changed) and / P.A. Florida 3: acceptable	~	STATE OF STATE
The street address of as changed will be id					
Such change was authorized by the bo	thorized by resoluti ard, or the corporat	on duly adopted ion has been no	d by its board of dire tified in writing of t	ectors or by an other change.	officer so
1 John Turner a	n office of director		JOARU		_ <u>/ </u>
I hereby accept the collisions of the following the following the following the following the following that the following that the following the following that the following the follo	appointment as reginally with the provi by with the provi luties, and I am fan cument is being file	istered agent an isions of all stat ailiar with and a ed merely to refl	d agree to act in thi utes relative to the p accept the obligation ect a change in the	proper and com 1 of my position registered offic	plete as registered
7	'artillano		フ ・	1.16	
Signature	of Registered Agent			Date	
If signing on behalf of	of an entity:				
	CARTELLAN	165			

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

Typed or Printed Name