

757226

(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



400307003364

01/02/18--01019--025 **35.00

rlachg

R. WHITE

JAN 04 2018

RECEIVED
JAN 04 2018

18 JAN -2 AM 10:21

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA FLEURETTE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

CARLOS DIAZ

Name of Contact Person

LA FLEURETTE CONDOMINIUM ASSOC

Firm/Company

4015 INDIAN CREEK DR #208

Address

MIAMI BEACH FL 33140

City/State and Zip Code

LA FLEURETTECONDOMBEGMAIL.COM

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

For further information concerning this matter, please call:

CARLOS DIAZ

Name of Contact Person

at (305) 588-0609

Area Code & Daytime Telephone Number

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 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: LA FLEURETTE CONDOMINIUM ASSOCIATION INC
2. The principal office address: 4015 INDIAN CREEK DR. MIAMI BEACH
FLORIDA, 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

MAYRA RAVINET (RESIGNED)

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

4015 INDIAN CREEK DR. #208
MIAMI BEACH
FLORIDA, 33140
P.O. Box NOT acceptable

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.

x Michael Rando
Signature of an officer or director

Michael Rando
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

11/21/17
Date

If signing on behalf of an entity:

Carlos A. Diaz
Typed or Printed Name

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

FILED
18 JAN -2 AM 10:21
TALLAHASSEE, FLORIDA