

768384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 27 2021

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE HORIZONS WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 768384

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:

ALBERT E. ACUÑA, ESQ.

Name of Contact Person

ALBERT E. ACUÑA, P.A.

Firm/Company

782 NW 42 AVENUE, SUITE 350

Address

MIAMI, FL 33126

City/State and Zip Code

AEACUNA@AEAPALAW.COM

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

For further information concerning this matter, please call:

APRIL CROY

Name of Contact Person

at (305)

548-5020

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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 HORIZONS WEST CONDOMINIUM NO. 8 ASSOCIATION, INC.
2. The principal office address: MIAMI MANAGEMENT, INC.  
14275 SW 142 AVENUE, MIAMI, FL 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/11/1983 Document number: 768384
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)

ALBERT E. ACUÑA, P.A.

782 NW 42ND AVENUE., SUITE 343

MIAMI, FL 33126

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

ALBERT E. ACUÑA, P.A.

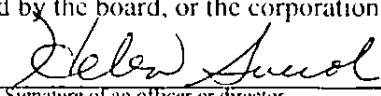
782 N.W. 42 AVENUE, SUITE 350

P.O. Box NOT acceptable

MIAMI, FL 33126

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

Helen Szokol, 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

04/13/2021  
Date

If signing on behalf of an entity:

ALBERT E. ACUÑA  
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)