

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





12/30/11--01029--004 **35.00



COVER LETTER

TO	Amendment Section Division of Corporations
	Division of Corporation.

SUBJECT:	Gardens of	Gardens on the Bay Owners Association, Inc.		
		Name o	f Corporation	
DOCUMENT I	NUMBER:		592388042	
The enclosed St	atement of Change	e of Registered Of	fice/Agent and fe	e are submitted for filing.
Please return all	correspondence c	oncerning this ma	tter to the following	ng:
			a Alvarez Contact Person	
		name or	Jonact Ferson	
	GARDENS		OWNERS ASS Company	SOCIATION, INC
			Creek Drive (off	îce)
		Miami Beach City/State	n, Florida 331 and Zip Code	41
	E-mail addre	P.P.M. V. 44 ss: (to be used fo	l@Yahoo.Com r future annual r	eport notification)
For further infor	mation concerning	g this matter, pleas	se call:	
	Marta Alva		at (305	864 9892 - 868 5587 de & Daytime Telephone Number
r	name of Contact P	erson	Area Co	de & Daytime Telephone Number
Enclosed is a \$3	5.00 check made j	payable to the Dep	artment 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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Floi d under the laws of the State d agent, or both, in the State	e of Florida
1. The name of	the corporation: Garde	ens on the Ba	y Owners Associat	ion, Inc
	office address: 6484 ach, FI 33141		ive Office	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	01/18/1984	Document number:	592388042
	d street address of the cur rtment of State: (If resign		nt and registered office on fil	le with the
	Winston H. Sosa, I	Esq.		
	782 N.W. 42 Ave.	# 530		
	Miami, Florida 33	126		d office As
6. The name and (if changed):	i street address of the nev	w registered agent (i	f changed) and /or registere	d office Sales
	Robert M. Haber, I	Esq.		
	1000 Brickell Ave.	Suite 400	ceptable	9. 0
	Miami, Florida 331		ceptable	⊕ ,
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,
Such change was authorized by the			y its board of directors or bed in writing of the change Marta Alv	y an officer so
I hereby accept I further agree to of my duties, an document is bei corporation has Sib	the appointment as ran	istered agent and a sions of all statute. d accept the obliga t a change in the re g of this change.	Printed or typed name gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, 1 h	,
TUBIM TO	med or Printed Name			

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