

NO1000008146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

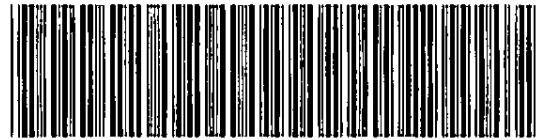
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/22--01016--002 **35.00

2022 SEP -8 AM 9:12

RA Change

DEC 13 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARKVIEW TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000008146

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 Acuna, Esq

Name of Contact Person

Albert E Acuna, P.A.

Firm/Company

782 NW 42 Avenue, Suite 350

Address

Miami, FL 33126

City/State and Zip Code

AEAcuna@acupalaw.com

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

For further information concerning this matter, please call:

Albert E Acuna, Esq.

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

2022 SEP - 8 AM 9:12

**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: PARKVIEW TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 8051 WEST 24TH AVENUE, #10, HIALEAH, FL 33016
3. The mailing address (if different): PO BOX 160698, HIALEAH, FL 33016
4. Date of incorporation/qualification: 11/16/2001 Document number: N01000008146
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)

TRUST MANAGEMENT SERVICES GROUP

8051 WEST 24TH AVENUE, #10

HIALEAH, FL 33016

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

ALBERT E. ACUNA, P.A.

782 NW 42ND 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.

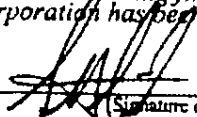

Signature of an officer or director

Raul

Treasure

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

9-2-22

Date

If signing on behalf of an entity:

ALBERT E. ACUNA
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)