## N02000000

(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



900131648109

06/25/08--01029--016 \*\*35.00

R.A. Change
TB (067/08)

## **COVER LETTER**

TO: Ame Divi	sion of Corporations	
, ,		
SUBJECT:	El Sol Condominium Association, Ir	nc.
	(Name of Co	rporation)
DOCUMEN	IT NUMBER: N02000000912	
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter t	to the following:
	Robert Borrego	
	(Name of Cont	act Person)
	(Firm/Con	npany)
	1655 West 44th Place, Unit 408	
	(Addre	ess)
•		
•	Hialeah, FL 33012	
	(City/State and	Zip Code)
For further in	nformation concerning this matter, please ca	11:
,	3	· ·
Robert Borre		at (305) 331-7014 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Paralaced in a	625 00 shoots words may able to the Demontra	court of State
Enclosed is a	a \$35.00 check made payable to the Departn	ient of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	Tulialia5500, 1 D 52514	Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: El Sol Condominium Association, Inc.	
	office address: 1655 West 44th Place, Hialeah, FL 33012	_
3. The mailing a	address (if different):	_
4. Date of incorp	poration/qualification: 02/07/2002 Document number: N02000000912	_
	d street address of the current registered agent and registered office on file with the rtment of State:	
	Joseph H. Ganguzza & Associates, P.A.	
	Suntrust International Center	
	1 SE Third Avenue, Unit 2150, Miami, FL, 33131	1
6. The name and (if changed):	Suntrust International Center  1 SE Third Avenue, Unit 2150, Miami, FL, 33131  d street address of the new registered agent (if changed) and /or registered office  Robert Borrego  1655 West 44th Place, Unit 408	<u>۔</u> ٦
	Robert Borrego ESS 7	C
	1655 West 44th Place, Unit 408	
·	(P.O. Box NOT acceptable)  Hialeah, FL 33012	
	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was authorized by the	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signati	Robert Borrego, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, ar document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
	righture of Registered Agent) (Date)	
	ehalf of an entity:  (Date)	
. (*	(Typed or Printed Name)	

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