

NO30000003789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

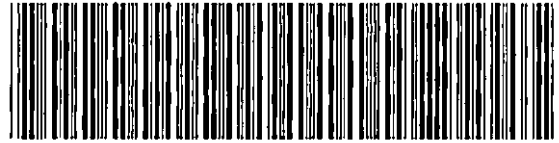
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CLERK OF COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N03000003789

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:

KEN TANINAKA

Name of Contact Person

Firm/Company

4000 PONCE DE LEON BOULEVARD, SUITE 470

Address

CORAL GABLES, FL 33146

City/State and Zip Code

KTANINAKA@SKDRLAW.COM

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

For further information concerning this matter, please call:

KEN TANINAKA

Name of Contact Person

at (305) 379-1681

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: GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD ASSOCIATION, INC.
2. The principal office address: 3934 S.W. 8TH STREET, SUITE 303, CORAL GABLES, FL 33134

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/05/2003 Document number: N03000003789

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)

Salomon, Kanner, Damian & Rodriguez, P.A. c/o Ken Taninaka, ESQ.

80 SW 8TH STREET, BRICKELL CITY TOWER SUITE 2550

MIAMI, FL 33130

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

KEN TANINAKA, ESQ.

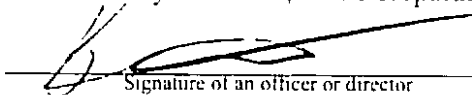
4000 PONCE DE LEON BOULEVARD, SUITE 470

P.O. Box NOT acceptable

CORAL GABLES, FL 33146

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

KEITH R. GAUDIOSO / 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

Date

If signing on behalf of an entity:

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)

2024 JAN 10 PM 2:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS