10300004635

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
·	•	,
(Do	cument Number)	<u> </u>
\	,	,
Certified Copies	Certificate	s of Status
		3 01 014103
Γ		
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



300307325613

01/08/18 + 01016 -- 014 **35.00

2018 3組-8 A 65 50

JAN 0 9 2018 T. LEMIEUX





Marilyn J. Perez-Martinez, Esq. Attorney at Law

Phone: (305) 260-1053 Fax: (305) 442-2232

mperez-martinez@bplegal.com

121 Alhambra Plaza, 10th Floor Coral Gables, Florida 33134

January 3, 2018

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Venetia Gardens Condominium Association, Inc.

Document Number: N03000004625

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent form along with Check #1192 in the amount of \$35.00 made payable to the Division of Corporation to cover the cost of filing.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Marilyn J. Perez-Martinez

For the Firm

MJP/lh Enclosures

ce: Venetia Gardens Condominium Association, Inc.

c/o Board of Directors

ACTIVE: V25268/387149:10464695_1

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: Venetia Gardens Condominium Association, Inc.
2. The principal offic	ce address: 947 SW 87th Avenue
	Miami, FL 33174
3. The mailing addre	ess (if different):
4. Date of incorporat	tion/qualification: 06/02/2003 Document number: N0300004625
5. The name and stre	eet address of the current registered agent and registered office on file with the nt of State: (If resigned, enter resigned)
Ne	ew Concepts Property Management Inc
94	7 SW 87th Avenue
Mi	ami, FL 33174
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office
Be	ecker & Poliakoff, P.A.
12	21 Alhambra Plaza, 10th Floor
	P.O. Box NOT acceptable
Co	oral Gables, FL 33134
as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was at authorized by the h	uthorized by resolution duly adopted by its board of directors or by an officer so said, or the corporation has been notified in writing of the change.
	Francisco Cruz Crespo, Secretara Printed or typed name and title
I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that	appointment as registered agent and agree to act in this capacity. omply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered ocument is being filed merely to reflect a change in the registered office address, I t the corporation has been notified in writing of this change.
<u></u>	to of Registered Agent Date
If signing on behalf	f of an entity:
Marily Prod	or Printed Name
	* * * FILING FEE: \$35.00 * * *
Mail	MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)