

N040000004647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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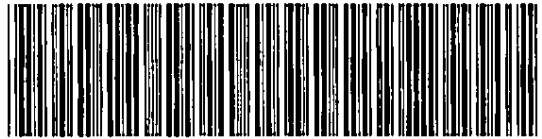
(Business Entity Name)

(Document Number)

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JUL 31 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Keystone Villas Condominium Association, INC  
Name of Corporation

**DOCUMENT NUMBER:** N04000004647

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:

Dania Rodriguez

Name of Contact Person

Keystone Villas Condo Association

Firm/Company

3590 Coral Way

Address

Miami, FL 33145

City/State and Zip Code

keystonevillas1condo@gmail.com

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

For further information concerning this matter, please call:

Ana Cristina Argimon

Name of Contact Person

at ( 305 ) 854-3255

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE DEPT. OF STATE  
DIVISION OF CORPORATIONS  
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**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: Keystone Villas 1 Condo Association
2. The principal office address: 3590 Coral Way, Miami FL 33145
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/10/2004 Document number: n04000004647
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)

Bolin, Peyton

4758 W. Commercial Blvd

Fort Lauderdale, FL 33319

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

ACA Property Management, LLC

2655 Lejeune Road Suite 805-4

P.O. Box NOT acceptable

Coral Gables FL 33134

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.

Dania A Rodriguez  
Signature of an officer or director

Dania Rodriguez

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.*

Ana C Argimon  
Signature of Registered Agent

JUNE 21, 2017

Date

If signing on behalf of an entity:

ANA CRISTINA ARGIMON

Typed or Printed Name

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

17 JUN 21 PM 1:15  
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DIVISION OF CORPORATIONS