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COVER LETTER

Division of Corporations
SUBJECT: GALLOWAY GARdens Condominium Association, INC. Name of Corporation
DOCUMENT NUMBER: N 04 00000 4857
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:
DAVIC MAQUEIRA, PRESIDENT Name of Contact Person
GAlloway Gandens Condominium Association, INC Firm/Company
8740-94 SW 12 TH STREET Address
MIAMI, Florida 33144 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David MaguEina at (786) 554-2953 Name of Contact Person 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

TO:

Amendment Section

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

Pursuant to the prov statement of change in order to		orporation o	rganized unde	er the laws	of the State of	F/	Onida	
1. The name of the c	orporation: <u>Gal</u>	lowny	Ganden	s Co	ndominium	n A	SSOCIATION	2 <u>,</u> INC
2. The principal office	ce address:	/_	8740	-94 11 E	SW	12	STREET	
The principal office The mailing address.	ess (if different):	•	8740-	94	SW Tland	12	STREET	-
4. Date of incorporate	tion/qualification:	05-13-	- 04 Do	cument nu	mber: <u>N04</u>	0000	004857	<u> </u>
5. The name and stre Florida Departmen	eet address of the cu nt of State: (If resign			registered	office on file w	ith the		
_	Re	YNAId	O CAS	Te //AI	uos, P.1	<u>4</u> .		
_	8740	0-94	sω	12	STREET	_		
	MIA	MI, 7	Florida	331	STREET	FE.	2009	
6. The name and stre (if changed):	et address of the ne	w registered	agent (if char	nged) and /	or registered of S , $P.A$.	megal a	FILEL	i
	996	0 B	ind A	Rond		- FLO	=	į.
	N 4	P.O Bo	x NOT acceptable			- Rio	39	
	MIAI	$M_{I_{j}}$	LIONICA	33.	165	-		
The street address o as changed will be i	f its registered offic dentical.	e and the st	reet address	of the busi	ness office of	its regist	ered agent,	
Such change was au authorized by the bo	thorized by resolut pard, or the corpora	ion duly add	opted by its ben notified in	oard of di	rectors or by a the change.	n officer	so	
Men.	n officer or director				or typed name and			
I hereby accept the a light further agree to coof my duties, and I a document is being ficorporation has bee	mply with the prov m familiar with an led merely to reflec	istered ager isions of all d accept the et a change	nt and agree i statutes rela cobligation o in the registe	to act in th tive to the If my positi red office	is capacity. proper and co ion as register address, I hero			
	relttlanco			- ح	1-09			
Signature	of Registered Agent				Date			
If signing on behalf	-	ı.						
	CASTELLANO							

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