N0400010831

(Re	equestor's Name)	 	
(Ad	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ANTILLES AT ISLANDS AT DORAL NEIGHBO Name of Corporation	RHOOD A	SSOCIATION, INC.
·		
DOCUMENT NUMBER: N04000010831		***
The enclosed Statement of Change of Registered Office/Ag	ent and fee	e are submitted for filing.
Please return all correspondence concerning this matter to t	he followii	ng:
KENTANINAKA		
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 no	tification)	<u>. </u>
,	,	
For further information concerning this matter, please call:		
KEN TANINAKA	(305	379-1681
Name of Contact Person	Area Co) 379-1681 de & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Departmen		

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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statute ganized under the laws of the State of <u>FLORI</u>	DA	
		gistered agent, or both, in the State of Florida		
1. The name of t	the corporation: ANTILLES AT ISLA	NDS AT DORAL NEIGHBORHOOD ASSOCI	ATIO	N, INC
		ET, SUITE 303, CORAL GABLES, FL 33134		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/18/2004	Document number: N04000010831	·	
	I street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)		
	TANINAKA, KEN ESQ.			
	80 SW 8TH STREET, SUITE 2550	 ∴ SE0.	2024 JAN 10	
	MIAMI, FL 33130	: 출위 	AN	-17
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered office on	PH	ILEO
	TANINAKA, KEN ESQ.	9A	2: 00	
	4000 PONCE DE LEON BOULEVAR	RD, SUITE 470	٥	
	P,O,	Box NOT acceptable		
	CORAL GABLES, FL 33146			
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its regis	tered	agent,
		oted by its board of directors or by an office notified in writing of the change.	r so	
Horgania (16 Gnades U.	MARGARITA GONZALEZ / PRESIDEI	TV	
(\	re of an officer or director	Printed or typed name and title		
I further agree of my duties, an document is bei	id I am familiar with and accept the i	statutes relative to the proper and complete pobligation of my position as registered agents the registered office address. I hereby cons	t. Or.	if thi:
Sig	nature of Registered Agent	Dute		
If signing on be	chalf of an entity:			
	yped or Printed Name			

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