

No50000000636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

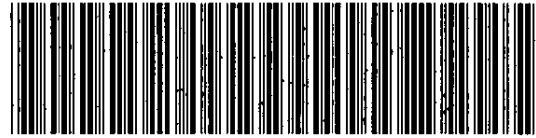
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document by
telexm can
on 7/17/08

Office Use Only



400132711494

07/17/08--01010--006 **35.00

Lo ch

FILED
08 JUL 17 AM 09 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUL 18 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHAMPS ELYSEES CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

DOCUMENT NUMBER: 1105000000656

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:

GABRIEL TORRES
(Name of Contact Person)

CHAMPS ELYSEES CONDOMINIUM ASSOCIATION INC.
(Firm/Company)

2520 CORAL WAY SUITE 2-368
(Address)

MIAMI FL 33145
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL TORRES at (706) 3331541
(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

**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: CHAMPS ELYSEE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2520 CORAL WAY SUITE 2-368
MIAMI FL 33145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JAN 20, 2005 Document number: N05 000000656
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GABRIEL TORRES
9786 NW 29 TER
MIAMI, FL 33172

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

GABRIEL TORRES
2520 CORAL WAY SUITE 2-368
(P.O. Box NOT acceptable)
MIAMI FL 33145

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)

DST / GABRIEL TORRES
(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)

JULY 24, 2008
(Date)

If signing on behalf of an entity:

GABRIEL TORRES
(Typed or Printed Name)

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

