## N0500000 1894

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: NW 176th Ava Condominium Association, Inc. Name of Corporation
DOCUMENT NUMBER: NOSOOOO 1594
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:
Alcw Souza Name of Contact Person
Firm/Company
31eto NW 17um Ave #12
31eto NW 171em Ave #12  Address  (oral Springs F1 33065  City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alceu SOUZG at (951 ) \$17 - 2051  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## 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: NW 121cm Avenue condominium Association, Inc
2. The principal office address: 3660 NW 126th Hug
3. The mailing address (if different): 3660 NW 1744 AJE #1 Coral Springs, F1 33065
Coral Springs, Fl 33065  3. The mailing address (if different): 3660 NW 1764 Ave #1 Coral Springs, Fl 33065  4. Date of incorporation/qualification: 67/17/2022 Document number: NOS 00000 1894
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)
Rena Schumacher
3640 NW 1764 Ave, Unit 7 = 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Alceu Souza  31040 Nin 1744 the mail 17
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alceu Souza
3640 NWIZGEN HAR UNITIZ
Joral Springs FT 33065
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 of director  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 7/28/2022 Date
If signing on behalf of an entity:
ALCEU SOUZA Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314