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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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JUL 21 2016 C. CARROTHERS

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: The Courts at Kendall Condominium Association, Inc

Name of Corporation

DOCUMENT NUMBER: N05000002983

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:

ANA CRISTINA ARGIMON

Name of Contact Person

ACA PROPERTY MANAGEMENT, LLC

Firm/Company

P.O. BOX 142076

Address

CORAL GABLES, FL 33114-2076

City/State and Zip Code

ACAPROPERTYMGT@GMAIL.COM

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

For further information concerning this matter, please call:

ANA CRISTINA ARGIMON

,,305 \8

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St inge is submitted for a corporation organized under the laws of the State of \underline{F} r to change its registered office or registered agent, or both, in the State of Fl	LORIDA		
1 The name of t	the corporation: The Courts at Kendal Condominium Associate	tion, Inc		
	office address: 15490 SW 80th Street, Miami Florida 33193			
3. The mailing a	ddress (if different): P.O. Box 142076, Coral Gables, Florida 3	33114-20	76	
4. Date of incorp	poration/qualification: 03/23/2005 Document number: N05000	002983		
	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	h the		
	Florida Advance Properties			
12895 SW 132 Street		(%# \$73	(~)	
	Miami Florida 33193			n
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	LANASSEE.	2816 JUL 11 AM 2:	San Line
	ACA Property Management, LLC	ELO:	;; ≖	ţ
	7360 SW CORAL WAY, SUITE 34	<u>S</u> H) C	
	P.O. Box NOT acceptable MIAMI, FLORIDA 33155			
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered a	gent,	
			، ح. ھ	
I hereby accept I further agree to performance of agent On if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp my duties, and Lam familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change. July 4, 2016	lete as registerec address, l	<i>d</i>	
Sign	nature of Registered Algent Date		_	
If signing on be	half of an entity:			
	TINA ARGIMON			
Ty	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(03/12)

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