

N05 00000 8945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

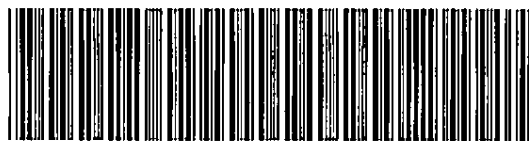
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

DORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.

**SUBJECT:**  
Name of Corporation

**DOCUMENT NUMBER:** N05000008945

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:

Darielys Llanes

Name of Contact Person  
Epic Management Solutions, LLC

Firm/Company

PO Box 126848

Address

Hialeah, FL 33012

City/State and Zip Code

darys@epicmgmts.com

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

For further information concerning this matter, please call:

Darielys Llanes

at (305) 403-2213  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

DORAL GARDENS II CONDOMINIUM ASSOCIATION, INC.

1. The name of the corporation: \_\_\_\_\_  
4920 NW 79 Avenue, Office, Miami, FL 33166

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/30/2005 Document number: N05000008945

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)

Zashary D. Morel, Esq.

1390 S. Dixie Hwy #2209

Coral Gables, FL 33146

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

Raymond Carrero, P.A.

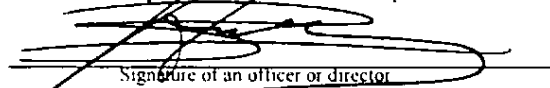
10631 N. Kendall Drive, Suite 220

P.O. Box NOT acceptable

Miami, FL 33176

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

SADIK HABACH - President  
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

7/8/2020  
Date

If signing on behalf of an entity:  
RAYMOND CARRERO PA  
OWNER / PRESIDENT  
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

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