

N05000009491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

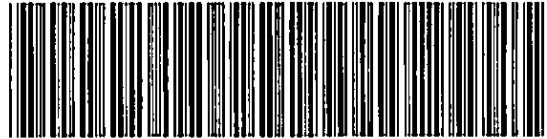
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENCLAVE AT DORAL CONDOMINIUM NO. 2 ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000009491

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:

Carla A. Jones, Esq.

Name of Contact Person

Law Office of Carla Jones, P.A.

Firm/Company

1125 N.E. 125 Street, Suite 103

Address

North Miami, FL 33161

City/State and Zip Code

carla@cjlawoffices.com

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

For further information concerning this matter, please call:

Carla A. Jones, Esq.

Name of Contact Person

at (786)

378-8243

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.

1. The name of the corporation: ENCLAVE AT DORAL CONDOMINIUM NO. 2 ASSOCIATION, INC.
2. The principal office address: 4300 NW 107th Avenue, Miami, FL 33178
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/14/2005 Document number: N05000009491
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)

Law Office of Carla Jones

550 NE 124 Street, Suite 104

North Miami, FL 33161

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

Law Office of Carla Jones, P.A.

1125 N.E. 125 Street, Suite 103, North Miami, FL 33161

P.O. Box NOT acceptable

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.

Carla Jones, Esq. authorized agent
Signature of an officer or director

Carla Jones, Esq. authorized agent
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.

Carla Jones
Signature of Registered Agent

9/9/2022
Date

If signing on behalf of an entity:

Carla Jones
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

CR2E045 (04/15)

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DIVISION OF CORPORATIONS