

N050000 10247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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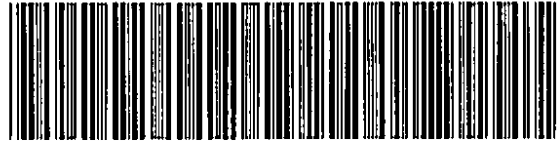
(Business Entity Name)

(Document Number)

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2021 MAY 20 PM 3:14  
SECRETARY OF STATE  
HARRISBURG, PA



Attorneys at Law  
Florida General Counsel, P.A.

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Friday, May 21, 2021

**SENT VIA FED-EX**

**Amendment Section**

Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RE: ATLANTIS AT THE OASIS NEIGHBORHOOD ASSOCIATION, INC.**

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office and a check payable to the Department of State in the amount of \$35.00 for the filing above.

Thank you,

Tina Seda  
Legal Assistant

**FLORIDA GENERAL COUNSEL, P.A.**

3401 NW 82 Ave | Suite 360 | Doral, Florida 33122 | Office (305) 704-2500  
Jpuig@GeneralCounselFL.com | www.generalcounselfl.com

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ATLANTIS AT THE OASIS NEIGHBORHOOD ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000010247

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:

HUGO L. GARCIA, ESQ.

Name of Contact Person

FLORIDA GENERAL COUNSEL, P.A.

Firm/Company

3401 NW 82 AVE, SUITE 360

Address

DORAL, FL 33122

City/State and Zip Code

HGARCIA@GENERALCOUNSELFL.COM

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

For further information concerning this matter, please call:

HUGO L. GARCIA, ESQ.

Name of Contact Person

at ( 305 ) 704-2500

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: ATLANTIS AT THE OASIS NEIGHBORHOOD ASSOCIATION, INC.
2. The principal office address: 13595 SW 134 Ave, Ste 108, Miami, FL 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/04/2005 Document number: N05000010247
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)

Carlos A. Triay, P.A.

2301 NW 87TH AVE, SUITE 501

Doral, FL 33172

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

FLORIDA GENERAL COUNSEL, P.A.

3401 NW 82 AVE, SUITE 360

P.O. Box NOT acceptable

DORAL, FL 33122

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

Gabriel Martinez, 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

5/20/2021  
Date

If signing on behalf of an entity:

Hugo L. Garin, Esq.  
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 (04/13)

FILED  
2021 MAY 20 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL