

NO5971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

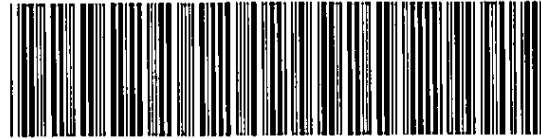
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Garden View Apts., INC
Name of Corporation

DOCUMENT NUMBER: N05971

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:

Theresa Parent
Name of Contact Person

Garden View Apts., Inc.
Firm/Company

520 Orton Ave., #202
Address

Ft. Lauderdale, FL 33304
City/State and Zip Code

tracyparent@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Parent at (415) 706 3803
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

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 Garden View Apts. Inc.
2. The principal office address: 520 Corton Ave, #202
Ft. Lauderdale, FL 33304
3. The mailing address (if different): _____
4. Date of incorporation/qualification 11/02/1984 Document number N05971

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)

Cheryl Lynn Evans
520 Corton Ave, #202
Ft. Lauderdale, FL 33304

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

Registered Agents Inc.
7901 4th St. N Suite 300
P.O. Box NOT acceptable
St. Petersburg, FL 33702

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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]
Signature of an officer or director

Theresa Parent, Vice 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]
Signature of Registered Agent

9/16/2019

Date

If signing on behalf of an entity,

Bill Havre

Printed or Typed 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