## N00000010719

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u>.                                    </u>
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HEMINGWAY VILLA CONDOMINIUM OWNERS ASS  Name of Corporation
DOCUMENT NUMBER: N06000010719
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:
Pedro M. Garcia
Name of Contact Person
Affinity Management Services
Firm/Company
1430 NW 15 AVE Address
Address
Miami, FL 33125
City/State and Zip Code
pmg@affinitymanagementservices.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pedro M. Garcia <sub>at (</sub> 305 ) 325-4243
Pedro M. Garcia at ( 305 ) 325-4243  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  Street Address: Amendment Section
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	
	ne corporation: HEMINGWAY VILLA CONDOMINIUM OWNERS ASSO	CI <sub>4</sub>
2. The principal of	office address: 9375 SW 40 TERRACE, Miami, FL 33165	
3. The mailing add	Idress (if different): 1430 NW 15 AVE, Miami, FL 33125	
4. Date of incorpor	oration/qualification: 10/12/2006 Document number: N06000010719	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
_	GANGUZZA, JOSEPH H P.A.	
<u>1</u>	1360 SOUTH DIXIE HWY, #100	
<u>C</u>	CORAL GABLES FL 33146 US	
6. The name and st (if changed):	street address of the new registered agent (if changed) and /or registered office	いただけ
<u>F</u>	PEYTON BOLIN PL 2	유
<u>4</u>	PEYTON BOLIN PL  4792 W. COMMERCIAL BLVD P.O. Box NOT acceptable	
F	P.O. Box NOT acceptable  FT. LAUDERDALE, FL 33319	77
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, of the corporation has been notified in writing of the change.	
Signature	of proficer or director Printed or typed name and title	
I hereby accept the I further agree to of my duties, and I document is being corporation has be	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	
	5/13/11	
If signing on behal	alf of an entity:	
Турес	sed or Printed Name	

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