

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380

Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

REGISTERED AGENT CHANGE
427 BILTMORE WAY CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
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R. WHITE
JAN 19 2017

R. WHITE

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**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: 427 Biltmore Way Condominium Association, Inc.
2. The principal office address: c/o City of Coral Gables, 405 Biltmore Way, Coral Gables, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/22/06 Document number: N06000013037
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)

Yaneri Figueroa, Assistant City Attorney for City of Coral Gables

405 Biltmore Way, 2nd Floor

Coral Gables, FL 33134

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

Miriam Ramos, Deputy City Attorney & City Prosecutor for City of Coral Gables

405 Biltmore Way, 3rd Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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


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

1/18/17
Date

If signing on behalf of an entity:

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 (03/12)

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