

NO70000023029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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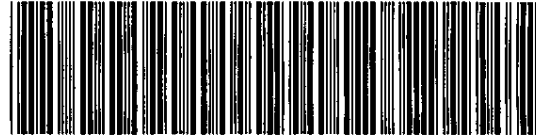
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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C. LEWIS
FEB - 6 2014
EXAMINER

FERNANDO J. PORTUONDO, P.A.

• ATTORNEY AT LAW •

2121 PONCE DE LEON BOULEVARD

SUITE 950

CORAL GABLES, FL 33134

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January 30, 2014

Florida Department of State
Division Of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Gables Marquis Condominium Association, Inc.; Document No. N07000003029

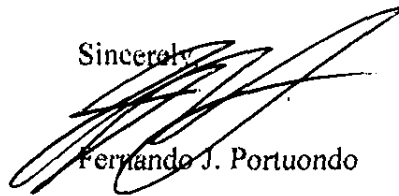
Dear Sir/Madam:

Enclosed please find a fully executed Statement Of Change Of Registered Office Or Registered Agent Or Both For Corporation, and our check no. 6913 in the amount of \$35.00 representing your filing fee.

Please provide a copy of the filed Statement Of Change in the enclosed self-addressed envelope.

Should you have any questions or comments, please do not hesitate to contact the undersigned. Thank you for your time and attention.

Sincerely,



Fernando J. Portuondo

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GABLES MARQUIS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N07000003029

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:

Fernando J. Portuondo, Esq.

Name of Contact Person

Fernando J. Portuondo, P.A.

Firm/Company

2121 Ponce De Leon Blvd., Suite 950

Address

Coral Gables, Florida 33134

City/State and Zip Code

Fernando@Portuondo-Law.com

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

For further information concerning this matter, please call:

Fernando J. Portuondo, Esq/ at 305 567-9953

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GABLES MARQUIS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3232 Coral Way, Miami, FL 33145

3. The mailing address (if different): 3232 Coral Way, Management Office, Miami, FL 33145

4. Date of incorporation/qualification: 04/20/2007 Document number: N07000003029

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)

Becker & Poliakoff

121 Alhambra Plaza, 10th Floor

Coral Gables, FL 33134

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

Fernando J. Portuondo, P.A.

2121 Ponce De Leon Blvd., Suite 950

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

Derek Barba, 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

1/30/14
Date

If signing on behalf of an entity:

Fernando J. Portuondo, 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 (03/12)

APPROVED
FEB 10
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SECRETARY OF STATE