N13000010103

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filling Officer. Registered Agent/ Need to be FL			

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	•
	a vivious of Geopoliuloid	
SUBJ	ECT: Parque Towers Condominium Association	on, Inc.
Name	of Corporation	
DOCU	JMENT NUMBER: N13000010103	
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
Jake E.	Marcus	
Name	of Contact Person	
Allcock	k & Marcus, LLC	
Firm/C	Company	
10 Fort	pes Road Suite 420W	
Addres	SS	
Braintr	ee, MA 02184	
City/St	tate and Zip Code	
•	jake@amcondolaw.com	
E-mail	l address: (to be used for future annual r	eport notification)
	(iv so mod for facile annual f	eport notification)
For fur	ther information concerning this matter, plo	ease call:
Jake Ma	arcus	31 (781) 884-1602
	Name of Contact Person	at (781)884-1602 Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the D	epartment of State.
	Mailing Address: Amendment Section	Street Address:
	A MINISTRALITY SCULLOTT	Amendment Section

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: Parque Towers Condominium Association, Inc.
2. The principal office address: 330 Sunny Isles Blvd. 100 Sunny Isles Beach, FL 33160
3. The mailing address (if different):
4. Date of incorporation/qualification: November 7, 2013 Document number: N13000010103
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)
SKRLD, Inc
201 Alhambra Circle, 11th Floor
Coral Gables, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Allcock & Marcus, LLC, c/o JAKE E. MARCUS
P.O. Box NOT acceptable
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.
August 2, 2023
Signature of Registered Agent Date
If signing on behalf of an entity:
Jake E. Marcus, Allcock & Marcus, LLC Typed or Printed Name

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



September 7, 2023

JAKE E. MARCUS 10 FORGES ROAD SUITE 420W BAINTREE, MA 02184

SUBJECT: PARQUE TOWERS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N13000010103

We have received your document for PARQUE TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

DEP 23 2023

Letter Number: 323A00020527

División of Compositions D.O. DOV 6997 Tellaborana Florida 99914