

N13000010103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

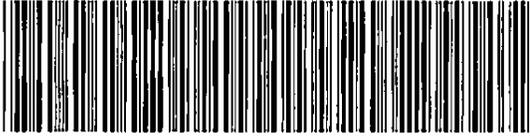
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARQUE TOWERS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N13000010103

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:

Stacey Wong

Name of Contact Person

Parque Towers Condominium

Firm/Company

330 Sunny Isles Blvd

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

generalmanager@parquetowerscondo.net

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

For further information concerning this matter, please call:

Stacey Wong

at (786) 528-6723

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

GURSKY, DARRIN
2 South Biscayne Blvd
MIAMI, FL 33131

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

SKRLD, Inc.
201 Alhambra Circle #1100
Coral Gables, FL 33134
P.O. Box NOT acceptable

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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.

Designated by
Joshua Vinson
Signature of an officer or director

Joshua Vinson, 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.

Designated by
Shauna Allongo
Signature of Registered Agent

6/3/24
Date

If signing on behalf of an entity:
Shauna Allongo
Typed or Printed Name

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