N14000001083

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
<u>_</u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
MAR 2 9 2022		
a i.		
3/10_		

Office Use Only



700380777677

COVER LETTER

TO:

Amendment Section

Division of Corporations SUBJECT: LANDMARK AT DORAL HOMEOWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N1400001083 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: Maria Casanova Name of Contact Person Castle Group Firm/Company 10220 NW 66th Street Address Doral, FL 33178 City/State and Zip Code mcasanova@castlegroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 517-3985 Area Code & Daytime Telephone Number Maria Casanova Name of Contact Person 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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of t	he corporation: LANDMARK AT	DORAL HOMEOWNERS ASSOCIATION, INC
2. The principal	office address: 10220 NW 66th St	reet, Doral FL 33178
-		
4. Date of incorp	poration/qualification: 02/04/2014	Document number: N14000001083
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	Pineda, Isabel	
	10220 NW 66th Street	
	Doral, FL 33178	OZZ H
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office
	Perez, Nadja	
	10220 NW 66th Street	
		P.O. Box NOT acceptable
	Doral, FL 33178	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
	1	Bosco Leu / VP
_	e of an officer or director	Printed or typed name and title
I further agree to of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept t	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the thange.
k\	ceue.	3/11/2022
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Ty	ped or Printed Name	-

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