N14000009977

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Two Park Grove Condominium Associa	ntion. Inc.
Name of Corporation	
DOCUMENT NUMBER: N14000009977	
The enclosed Statement of Change of Registered	JOffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Roberto C. Blanch, Esq.	
Name of Contact Person	
Siegfried Rivera	
Firm/Company	
201 Alhambra Circle, 11th Floor	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
rhlanch(@siegfriedrivera.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
Roberto C. Blanch	at t 305 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (305) 442-3334 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

	order to change its registered office or registered agent, or both, in the State of Florida. Two Park Grove Condominium Accessivism, Inc.	
1. The name	of the corporation: Two Park Grove Condominium Association, Inc.	-
2. The princip	ipal office address: 2821 S. Bayshore Drive, Miami, Florida 33133	
3. The mailin	ng address (if different):	
	corporation/qualification: 10/28/2012 Document number: N14000009977	
5. The name a Florida De	and street address of the current registered agent and registered office on file with the epartment of State: (If resigned, enter resigned)	_
	Becker & Poliakoff	787
	121 Alhambra Plaza, 10th Floor	71121 SEP -3
	Coral Gables, 33134	ယ်
6. The name a	and street address of the new registered agent (if changed) and /or registered office d):	PH 6: 0
	SKRLD, Inc.	
	201 Alhambra Circle, #1400	
	P.O. Box NOT acceptable	
	Coral Gables, Florida 33134	
The street adas changed w	ddress of its registered office and the street address of the business office of its registered will be identical.	d agent
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.	
K	Gabor Garai president Printed or typed name and title	
of my duties, document is l	rept the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete perform. A sum familiar with and accept the obligation of my position as registered agent. On the being filed merely to reflect a change in the registered office address. I hereby confirm that been notified in writing of this change.	ormanc r, if thi that the
By: Lin	Signature of Registered Agent Date	
7	Signature of Registered Agent Date	
If signing on	behalf of an entity:	
	Typed or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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