

N17000007726

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JUN 12 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAST 10TH AVENUE III CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N17000007726

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:

Dayren L. Suarez, Esq.

Name of Contact Person

Cosmopolitan Title & Escrow Services, LLC

Firm/Company

680 E. 49th Street

Address

Hialeah, FL 33013

City/State and Zip Code

dsuarez@miamilawgroup.com

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

For further information concerning this matter, please call:

Dayren L. Suarez, Esq. at (305) 828-1330
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2018

DAYREN L. SUAREZ, ESQ.
COSMOPOLITAN TITLE & ESCROW SERVICES LLC
680 E. 49TH STREET
HIALEAH, FL 33013

SUBJECT: EAST 10TH AVENUE III CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N17000007726

We have received your document for EAST 10TH AVENUE III CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please have the officer director sign and type print the name and title in the spaces provided.

The registered agent must sign accepting the designation.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 918A000064

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18 JUN -8 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EAST 10TH AVENUE III CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3410 PALM AVE., HIALEAH, FL 33010

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/26/2017 Document number: N17000007726

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)

ALBERTO GONZALEZ

16400 NW 59TH AVE.

MIAMI LAKES, FL 33014

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

CARLOS E. SANCHEZ

3410 PALM AVE.

P.O. Box NOT acceptable

HIALEAH, FL 33010

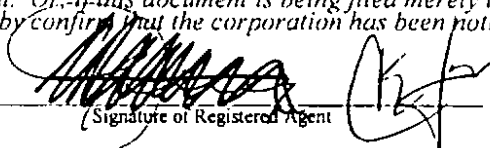
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Alberto Gonzalez
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)

2/15/18
Date

If signing on behalf of an entity:

Albert O. Gonzalez
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)

FILED
2018 JUN -8 AM 9:09
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TALLAHASSEE, FLORIDA