

N1170000007728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

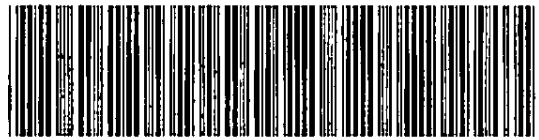
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RH/R/06/18

JUN 08 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N17000007728

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 IV CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N17000007728

We have received your document for EAST 10TH AVENUE IV 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):

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

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 418A00006493

RECEIVED
18 JUN -8 AM 10:59
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 IV 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: N17000007728

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.
HIALEAH, FL 33010

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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]
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]
Signature of Registered Agent

2/15/18
Date

If signing on behalf of an entity:

Alberto 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