

N19000002667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

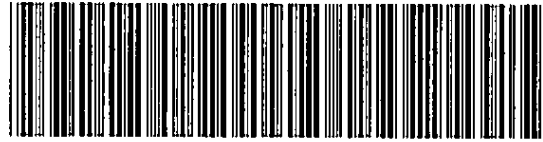
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327224347✓

04/08/19--01023--015 **25.00

700327224347
04/29/19--01003--004 **10.00

S TALLENT

APR 30 2019

2019 APR 25 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

RIA-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

JULIO A. PAREDES
DOMINICAN GOLF ASSOCIATION OF MIAMI, INC
9945 SW 28TH TERRACE
DORAL, FL 33172

SUBJECT: DOMINICAN GOLF ASSOCIATION OF MIAMI, INC.
Ref. Number: N19000002667

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

THERE IS AN ADDITIONAL FEE OF \$10.00 DUE.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00007616

RECEIVED
2019 APR 25 PM 3:41
SECRETARY OF STATE
TALLANT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dominican Golf Association of Miami, Inc
Name of Corporation

DOCUMENT NUMBER: N19000002667

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:

Julio A. PAREDES

Name of Contact Person

Julio A. PAREDES, CPA

Firm/Company

9945 NW 29th TERRACE

Address

DORAL FL 33172

City/State and Zip Code

PAREDES17@Yahoo.com

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

For further information concerning this matter, please call:

Julio A. PAREDES

Name of Contact Person

at (305) 321-5910

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

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: Dominican Golf Association of Miami, Inc.
2. The principal office address: 9945 NW 23th TERRACE
DORAL, FL 33172
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/13/19 Document number: N19000002667

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)

United States Corporation Agents, Inc
13302 Winding Oaks Blvd, Suite A
Tampa, FL 33612

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

Julio A. PAREDES
9945 NW 23th TERRACE
DORAL, FL 33172

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

2019 APR 25 PM 2:45

FILED

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

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

Date

If signing on behalf of an entity:

Julio A. PAREDES CPA
Typed or Printed Name

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