

0204 13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

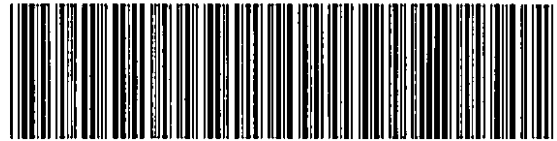
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800317419888 ✓

08/23/18--01003--027 **35.00

S TALLENT
SEP 12 2018

FILED
18 SEP 10 AM 1:56
CLERK OF COURT

RIA-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2018

MATTHEW ESTEVEZ
MATTHEW ESTEVEZ, P.A.
9600 NW 25TH STREET, SUITE 2A
DORAL, FL 33172

SUBJECT: THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N20413

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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: 518A00017732

ECET
EP 10
RETA
NIAS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N20413

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:

Matthew Estevez

Name of Contact Person

Matthew Estevez, P.A.

Firm/Company

9600 NW 25th Street, Suite 2A

Address

Doral, FL 33172

City/State and Zip Code

mse@mattestevez.com

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

For further information concerning this matter, please call:

Matthew Estevez

Name of Contact Person

at (305) 846-9177

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: THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 3934 SW 8TH STREET, SUITE 303, CORAL GABLES, FL 33134

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/22/1992 Document number: N20413

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)

Savage De Posada, P.a.

8603 SO. Dixie Highway, Suite 218

MIAMI, FL 33143

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

Matthew Estevez, P.A.

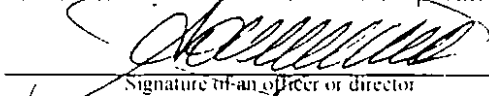
9600 NW 25th Street, Ste 2A

P.O. Box NOT acceptable

Doral, FL 33172

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

Secretary Andrea Arrigone
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

8/20/18
Date

If signing on behalf of an entity:


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

FILED
18 SEP 10 AM 1:46