

N30727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

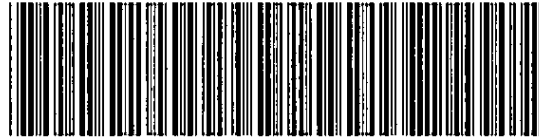
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Killian Place Homeowners Association Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N30727

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:

Hal Abrahams

Name of Contact Person

A Visible Property Management Company

Firm/Company

13414 SW 102 Lane

Address

Miami/FL 33186

City/State and Zip Code

avisiblepmc98@aol.com

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

For further information concerning this matter, please call:

Hal Abrahams

Name of Contact Person

at (305) 752-7152

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Kilian Place Homeowner Association Inc.
- 2. The principal office address: 9716 SW 110 St Miami, FL 33176
- 3. The mailing address (if different): 13414 SW 102nd Ln Miami, FL 33186
- 4. Date of incorporation/qualification: 12/15/1999 Document number: N30727
- 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)

Zapico, Ileana  
9700 S Dixie Hiway #660  
Miami, FL 33156

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

Perla Sole Calas P.A.  
14750 SW 77 Ct #300  
Miami, FL 33016

P.O. Box NOT acceptable

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 TALLAHASSEE, FL  
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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 of an officer or director

German Gonzalez, President  
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

01-27-2021  
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  
 CR2E045 (04/13)