## N93000004540

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Linky Name)			
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## **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations	••
,	
SUBJECT: FLAMINGO GARDENS ESTATE	S HOMEOWNERS ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N93000004540	
The enclosed Statement of Change of Regist	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ALBERT E. ACUÑA, ESQ.	
Name of Contact Person	
ALBERT E. ACUÑA, P.A.	
Firm/Company	
782 NW 42 AVENUE, SUITE 350	
Address	
MIAMI, FL 33126	
City/State and Zip Code	
AEACUNA@AEAPALA	AW.COM
E-mail address: (to be used for future ann	nual report notification)
	•
For further information concerning this matte	er, please call:
APRIL CROY	ot / 305 \ 548-5020
Name of Contact Person	at (305 ) 548-5020 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt nge is submitted for a corporation organized under the laws of the State of <u>FLO</u> r to change its registered office or registered agent, or both, in the State of Flori	RIDA
1. The name of t	he corporation: FLAMINGO GARDENS ESTATES HOMEOWNERS ASSOCIAT	TON, INC.
	office address: 3934 S.W. 8TH STREET, SUITE 303, CORAL GABLES, FL 33134	
	ddress (if different):	
4. Date of incorp	poration/qualification: 10/06/1993 Document number: N9300000454	10
5. The name and Florida Depart	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	he
	ALBERT E. ACUÑA, P.A.	
	782 NW 42 AVENUE SUITE 343	
	MIAMI, F1. 33126	2021
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	•
	ALBERT E. ACUÑA, P.A.	
	782 N.W. 42 AVENUE, SUITE 350	::' 
	P.O. Box NOT acceptable MIAMI, FL 33126	<del>1</del>
The street addr as changed wil	ess of its registered office and the street address of the business office of its re be identical.	gistered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change.	icer so
Dan Bignati	Hymas president Hampo David Attoffend interest of mother or typed name and title	resider
I hereby accept I further agree of my dutief, a document is he corporation ha	t the appliintment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I hadfamiliar with and accept the obligation of my position as registered a ing filled merely to reflect a change in the registered office address. I hereby is sheef notified in writing of this change.	ete performance gent. Or, if this Sonfirm that the
Si	enature of Registered Agent Date	
ALIZE	ryped or Printed Name	

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