(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

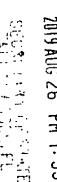
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COVER LETTER

TO: Amendment Section **Division of Corporations** MIRAVISTA CONDOMINIUM ASSOC. Name of Corporation DOCUMENT NUMBER: <u>N9</u>4000001217 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: JACQUELYN LAUREN, MGR Name of Contact Person GULF VIEW PROPERTY MGMT., INC. Firm/Company 2335 TAMIAMI TRAIL N #505 Address NAPLES FL 34103 City/State and Zip Code JACQUE@GULFVIEWPROPERTYMGMT.COM / E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

JACQUE LAUREN at (239 403-7991

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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor tange is submitted for a corporation organized under the laws of the State	e of FLORIDA
	ler to change its registered office or registered agent, or both, in the State the corporation: MIRAVISTA CONDOMINIUM ASSOCI.	-
1. The name of	2335 TAMIAMI TRAIL NI #505	
NAPLES	office address: 2335 TAMIAMI TRAIL N #505 S FL 34103	<u> </u>
3. The mailing a	address (if different): GULF VIEW PROPERTY MGMT., I	NC.
2335 T	TAMIAMI TRAIL N #505, NAPLES FL 34103	
4. Date of incor	rporation/qualification: 03/10/1994 Document number: N9	4000001217
	nd street address of the current registered agent and registered office on fi artment of State: (If resigned, enter resigned)	le with the
	SUNBURST MANAGEMENT CORP	
	2675 HORSESHOE DR S #401	201
	NAPLES FL 34104	2019 AUG Secret
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registere:	ed office 25
	GULF VIEW PROPERTY MGMT., INC.	PM 1: 34
	2335 TAMIAMI TRAIL N #505	# 34
	P.O. Box NOT acceptable	
	NAPLES FL 34103	
The street address changed will	ress of its registered office and the street address of the business office ll be identical.	of its registered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
Musbal	ture of an other or director MICHAEL SMIRNO Printed or typed name a	▼ \
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and if my duties, and I am familiar with and accept the obligation of my post his document is being filed merely to reflect a change in the registered in that the corporation has been notified in writing of this change.	complete ition as registered office address. I
Jochi	JACQUELYN LAUR Date Date	EN
If signing on be	schalf of an entity:	
<i>-</i>	8-22-19	
	Typed or Printed Name	

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