

N94 0000001678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

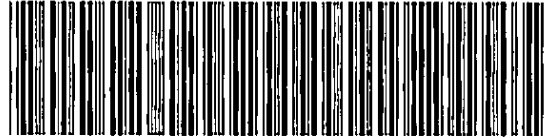
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke w/ paralegal to Mr. Alonso
on 11/5/20 to Approve Attny In
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2020

ADARA M. RODRIGUEZ
ALONSO & PEREZ, LLP
6303 BLUE LAGOON DRIVE, SUITE 400
MIAMI, FL 33126

SUBJECT: HEMISPHERE CENTRE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N94000001678

We have received your document and check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 320A00016683



July 3, 2020

Via Mail To:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Change of Address of Registered Agent

Dear Sir/Madam:

Our law firm is the designated Registered Agent for the following:

- | | |
|---|---------------------------|
| • Caribbean Gardens Condominium Assoc., Inc. | Document No: 739797 |
| • Coral Reef Medical Park, Inc. | Document No: 745269 |
| • Hemisphere Centre Condominium Assoc., Inc. | Document No: N94000001678 |
| • Ramavest Condominium Assoc., Inc. | Document No: N05000000900 |
| • The Centre at Beacon North Condo Assoc., Inc. | Document No: N94000002932 |
| • Village West Warehouse Condominium Assoc., Inc. | Document No: N40103 |

Enclosed is a Statement of Change of Registered Office form for each of the above referenced entities along with check number 2822 for the amount of \$210.00 (\$35.00 for each statement). Accordingly, please process the Statement of Change of Registered Office forms.

Should you require additional information, please do not hesitate to contact me at 305-443-6321 or via email at arodriguez@alonsoperezlaw.com.

Regards,

/s/ Adara M. Rodriguez

Adara M. Rodriguez
Paralegal to Rafael F. Alonso, Esq.
Alonso & Perez, LLP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hemisphere Centre Condominium Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: W9000001678

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:

Rafael F. Alonso
Name of Contact Person

Hemisphere Centre Condo Assoc., Inc.
Firm/Company

6303 Blue Lagoon Drive - Suite 400
Address

Miami, FL 33126
City/State and Zip Code

info@alonso-perez-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael F. Alonso at (305) 443-6391
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
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: Hemisphere Centre Condominium Assocⁿ, Inc.
2. The principal office address: 9000 SW 152 St - Suite 102
Miami, FL 33157
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/05/1994 Document number: 1194000001678
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)

Alonso, Perez & Santos, LLP
815 NW 57 Ave - Suite 307
Miami, FL 33126

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

Alonso & Perez, LLP
6303 Blue Lagoon Drive - Suite 400
P.O. Box NOT acceptable
Miami, FL 33126

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]
Signature of an officer or director

Rafael F. Alonso Attorney In Fact
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]
Signature of Registered Agent

10/12/2020
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)