N9800005807

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
☐ PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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August 29, 2022

PALM COURT OF MIAMI CONDOMINIUM ASSOCIATION 8201 N.W. 8TH ST (OFFICE) MIAMI, FL 33126

SUBJECT: PALM COURT OF MIAMI CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N98000005807

Our records indicate the registered agent for the above named corporation resigned on and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Stacy Prather Regulatory Specialist III Division of Corporations

Letter number: 522A00019264

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PALM Court of Minni Condominium Association INC.
DOCUMENT NUMBER: V9800005807
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:
Vani Garcia Nante of Contact Person Palm Court of Higmi Condominium Association INC Firm/Company
Palm Court of Higmi Condominium Association INC
Firm/Company
8201 NW 8th St (OFFICE) Address Miami Fl 33126 City/State and Zip Code
Miami Fl 33126
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sissi D. Rodriquez at (305) 264-2633 Name of Contact Person at (305) 264-2633 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 Street Address: Amendment Section Division of Corporations 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

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: Palm Court of Uiani Ondominion Association 2. The principal office address: 8201 NW 844 st(office) Miami Fl 33126
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/12/1998 Document number: N9800005807
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)
Law office of DANIEL MARQUEZ P.A.
16666 SW 832D LANE
Miami FL. 33193
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
8201 NW 8th st (OFFICE) P.O. Box NOT acceptable Mi Ami Fl 33124
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 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. 9 2 2022 Signature of Registered Agent Date If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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