

P07000011363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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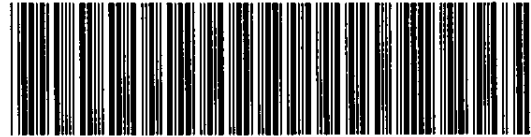
(Business Entity Name)

(Document Number)

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C. MUSTAIN

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: G. Vic Management Incorporated  
Name of Corporation

DOCUMENT NUMBER: N05000002766

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:

G. Vic Management Incorporated  
Name of Contact Person

G. Vic Management Incorporated  
Firm/Company

1840 W 49th ST Suite 726  
Address

Hiialeah, FL 33012  
City/State and Zip Code

gvic.management@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Vic Management Incorporated at (305) 820-1777  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2012

G VIC MANAGEMENT INC  
1840 W 49 ST., STE 726  
HIALEAH, FL 33012

SUBJECT: G. VIC MANAGEMENT, INCORPORATED  
Ref. Number: P07000011363

We have received your document for G. VIC MANAGEMENT, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 412A00026726

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: G. Vic Management Incorporated
2. The principal office address: 1840 W 49th ST Suite 726  
Hialeah, FL 33012
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/09/12 Document number: N05000002766

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)

Jasmine Villas Condominium Ass., Inc  
242 E 3 ST  
Hialeah, FL 33010

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

Jasmine Villas Condominium Association, Inc  
1840 W 49th ST Suite 726  
Hialeah, FL 33012

P.O. Box NOT acceptable

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

DORIS A. CABRERA  
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

11/09/12  
Date

If signing on behalf of an entity:

[Signature]  
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 (03/12)

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