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TO:

Amendment Section Division of Corporations

Artesa Community Association, Inc.

Name of Corporation

DOCUMENT NUMBER:

N15000003207

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:

Stuart J. Nunez, Esq.

Name of Contact Person

Law Office of Stuart J. Nunez, P.A.

Firm/Company

10691 N. Kendall Drive, Suite 206

Miami, Florida 33176

City/State and Zip Code

snunez@snunezlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart J. Nunez, Esq.

BOT - MILL

Name of Contact Person

at (305) 405-7424
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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	the corporation: Artesa Community Association, Inc.
2. The principal	office address: c/o Vesta Property Services, 13595 SW 134 Avenue, Suite 108, orida 33186
	address (if different):
4. Date of incor	poration/qualification: 03/30/2015 Document number: N15000003207
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Association Law Group, P.L.
	1200 Brickell Avenue, PH 2000
	Miami, Florida 33131
6. The name and (if changed):	Miami, Florida 33131 I street address of the new registered agent (if changed) and /or registered office
	Law Office of Stuart J. Nunez, P.A.
	Law Office of Stuart J. Nunez, P.A. 10691 N. Kendall Drive, Suite 206 P.O Box NOT acceptable
	Miarni, Florida 33176
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical
Such change va authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so by a position has been notified in writing of the change.
Signate	JUAN CARLOS CENTENO/PRESIDENT Printed or typed name and title
	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
_ Stuat	ped 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