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# DICKER, KRIVOK & STOLOFF, P.A.

- ATTORNEYS AT LAW

#### 1818 AUSTRALIAN AVENUE SOUTH **SUITE 400** WEST PALM BEACH, FLORIDA 33409

**EDWARD DICKER** JAMES N. KRIVOK SCOTT A. STOLOFF LAURIE G. MANOFF JOHN R. SHEPPARD, JR.

**TELEPHONE** (561) 615-0123 FAX (561) 615-0128

March 13, 2008

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Villagewalk of Wellington Homeowners Association, Inc. / Statement of Change of Registered Agent Form

Dear Sir:

Enclosed find a completed Statement of Change of Registered Agent Form, for the above Association, as well as our check No. 11290 in the amount of \$35, to cover the service charge for filing same.

Thank you for your assistance in this matter.

Very truly yours,

EDWARD DICKER So. For the Firm

EAD:sao Enclosure cc: Association 254810103.12L

## Secretary of State

(Registered Agent)

INC.

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

Florida Statutes, the undersigned corporation organized under the laws of the State of <a href="mailto:submits"><u>Florida</u></a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: VILLAGEWALK OF WELLINGTON HOMEOWNERS ASSOCIATION,
1b. Date of incorporation 08/28/2001 Document number N01000006204
2. The name and address of the current registered agent and office:  ST. JOHN, CORE & LEMME, P.A., 1601 Forum Place, Suite 701,
West Palm Beach, FL 33401
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  EDUARD DIOVER ESQUIRE DIOVER VETVOK & STOLOFF PLA. 1818 AUSTRALIANT
Avenue South, Suite 400, West Palm Beach, FL 33409
The street address of its registered agent 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.
SIGNATURE Typed or printed name and title
SIGNATURE Typed or printed name and title  DATE
, / DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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**FILING FEE: \$35.00**