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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Venetian Bay Villages Condominium Association, Inc. (Name of Corporation)				
DOCUMENT NUMBER: N02000009338				
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:				
Robert L. Taylor, Esq. (Name of Contact Person)				
Taylor & Carls, P.A. (Firm/Company)				
150 N. Westmonte Drive (Address)				
Altamonte Springs, FL 32714 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Robert L. Taylor, Esq. at (407) 660-1040 (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				

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

statement of change is s	submitted for a corporation organ	22, 607.1508, or 617.1508, Florida sized under the laws of the State of ered agent, or both, in the State of	Florida
1. The name of the corp	poration: Venetian Bay Villac	ges Condominium Association	on, Inc.
2. The principal office a	address: 4001 VENETIAN BA	AY DR KISSIMMEE FL 347	41
3. The mailing address	(if different):		
4. Date of incorporation	1/qualification: <u>12/05/2002</u>	Document number: N0200	00009338
	address of the current registered a of State: (If resigned, enter resigned	gent and registered office on file wed)	vith the
Robe	ert L. Taylor, Esq.		<u> </u>
<u>850 (</u>	Concourse Parkway, S, Sui	ite 105	_
<u>Maitla</u>	and, FL 32751		——————————————————————————————————————
6. The name and street a (if changed):	address of the new registered ager	nt (if changed) and /or registered or	O9 JAN 26 SEGRETAR
Taylo	or & Carls, P.A.		ARY ARY
<u>150 N</u>	N. Westmonte Drive (P.O. Box NOT acceptable)	)	POF SI
<u>Altan</u>	monte Springs, FL 32714		05 DATE
The street address of it as changed will be iden	is registered office and the street ntical.	address of the business office of	its registered agent,
Such change was authorized by the board	orized by resolution duly adopted or the corporation has been no	d by its board of directors or by a otified in writing of the change.	n officer so
(Signature of an o	officer or director)	STEPHEN HULLS	raesisen.
I further goree to comi	pointment as registered agent an ply with the provisions of all stat familiar with and accept the obl merely to reflect a change in th notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and co ligation of my position as register ne registered office address, I her	omplete performance red agent. Or, if this eby confirm that the
(Signature of	f Registered agent)	1 99 (Date)	
If signing on behalf of	an entity:		
obert Tau	Nor Dir 9 Sec		

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