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COVER LETTER

Division of Corporations
SUBJECT: VIIIa Flora Home owners' Association, INC Name of Corporation
DOCUMENT NUMBER: N 0300006 14)
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:
Name of Contact Person
VIIIa Flora HOA
Firm/Company
5300 ISLAND BLVD Address
AVENTURA F1 33160 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amy Stone at (305) 937-7816 Name of Contact Person at (305) 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 Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

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: VIIIa Flora Homeowners' Association, INC
2. The principal office address: 1500 ISLAND BOULE VAND ANENTURA FL 33160
3. The mailing address (if different): 5300 ISLANO BLVO AVENTURE F1 33160
4. Date of incorporation/qualification: 07-17-2003 Document number: N030000614)
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)
SHEIN, NICOLE
5300 ISLAND BLVD = 1
AVENTURA FL 33/160
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Amy 5+one
Amy Stone = ?
5300 ISLAND BLVD
P.O Box NOT acceptable AVENTURA FL 33160
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.
BOB Shelley 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 of Registered Agent Date
If signing on behalf of an entity:
Any Stone 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 (8/05)

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