1123483

(Re	equestor's Name)	
(Address)		
(Address)		
(0)		
(Ci	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	•	
		Ì
L-,,,,,		

Office Use Only



400081055914

10/30/06--01015--006 **35.00



R-A Change

C. Coulificatio OCT 3 1 2006

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Marhella Woods Condominium Association, Inc.		
DOCUMENT NUMBER: N 23483		
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:		
Sue (ar Den ter (Name of Contact Person) Community Management Professionals, Inc (Firm/Company) 5401 South Kirkman Rd # 450 (Address)		
Orlando Florida 32819 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Sue ar Denter at (407) 903-9969 (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

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: Marbella Woods (ondominium Hssociation, Inc.
2. The principal office address: 540/ South Kirkman Kd # 450
Orlando, Florida 32819
3. The mailing address (if different):
4. Date of incorporation/qualification: Nov. 16, 1987 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Tamas W. Boule
1100 October 1100
- 470 Pain Spring Irive # 235
HItamonte Springs, FL 32/07 3 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management trofessionals Inc.
5401 South Kirkman Road #450
Orlando, Florida 32819
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.
Heather Soto, president Hone (Signature of an officer or director) Heather Soto, president Hone
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.
we arpenter no. 10-28-06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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