N93000002871

(Re	questor's Name)			
(Ad	dress)			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT

Palm Villas Condominium Association, Inc.

Name of Corporation

N93000002871

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:

Tammy Hardt

Name of Contact Person

Extreme Management Team LLC

Firm/Company

2113 Ruby Red Blvd, Suite B

Address

Clermont, FL 34714

City/State and Zip Code

tammy@hoaemt.com

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

For further information concerning this matter, please call:

Tammy Hardt

Name of Contact Person

716 244-0643
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

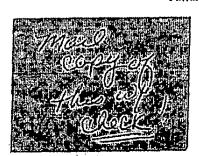
Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)



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

statement of ch	nange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Floria ation organized under the laws of the State c ce or registered agent, or both, in the State o	of Florida
1. The name of	the corporation: Palm Villa	s Condominium Association, Inc	> .
	il office address: 2113 Ruby t, FL 34714	y Red Blvd, Suite B	•
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 6/21/	2016 Document number: N930	000002871
	d street address of the current r	registered agent and registered office on file inter-resigned)	with the
	HOUSE OF MGMT.EN	TERPRISES FOR COMM.ASSC.IN	<u> </u>
	5756 S. SEMORAN E	BLVD	_
	ORLANDO, FL 32822	2	2016 0 18E0:
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered of	2016 OCT 26 PH 12:
	Extreme Managemen	nt Team, LLC	P P 1
	2113 Ruby Red Blvd, Suite B		
	Clermont, FL 34714	O. Box NOT acceptable	<u> </u>
The street address changed will	ess of its registered office and be identical.	the street address of the business office of	its registered agent,
Such change:we authorized by th	ns authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by ar is been notified in writing of the change.	n officer so
51	-1	George Perez - Preside	
hereby accept.	the appointment as registered to comply with the provisions a my duties, and I am familiar with the comment is being filed merel has been	Printed or typed name and to depent and agree to act in this capacity, of all statutes relative to the proper and co with and accept the abligation of my position ely to reflect a change in the registered off notified in writing of this change.	molete
10/	. 9	10/11/2016	
0	nature of Registered Agent	Date	
f signing on bel	half of an entity:		
T	yped 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
CR2E045 (03/12)