## N020005610

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





300303158393

11/13/17--01014--026 \*\*35.00



1:0V 1 4 2017 T. LERAISUX

HIC

## **COVER LETTER**

10.	Division of Corporations
SUBJE	ALTESSA II AT VASARI CONDOMINIUM ASSOCIATION, INC.
	Name of Corporation
DOCU	MENT NUMBER:
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Steve Adamczyk, Esq.
	Name of Contact Person
	Goede, Adamczyk, DeBoest & Cross, PLLC
	Firm/Company
	8950 Fontana Del Sol Way, First Floor
	Address
	Naples, FL 34109
	City/State and Zip Code
	sadamczyk@gadclaw.com
	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
Stev	e Adamczyk, Esq.
	e Adamczyk, Esq. 239 331-5100  Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed 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: ALTESSA II AT VASARI CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE S #215, NAPLES, FL 34104
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/24/2002 Document number: N0200005610
5. 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)
BECKER & POLIAKOFF, PA
12140 CARISSA COMMERSE CT STE 200
FORT MYERS, FL 33966
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Steve Adamczyk, Esq.
Goede, Adamczyk, DeBoest & Cross, PLLC
P.O. Box NOT acceptable 8950 Fontana Del Sol Way, First Floor, Naples, FL 34109
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.
7. L. Willis Trasident
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:
Steve Adamcryk Typed or Printed Name

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