

N97000004217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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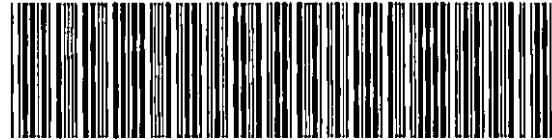
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOLLETTIERI RESORT VILLAS CONDOMINIUM
Name of Corporation ASSOCIATION, INC.

DOCUMENT NUMBER: N97000004217

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:

SANDRA J WILLIAMS
Name of Contact Person

SANDRA J WILLIAMS CPA PA
Firm/Company

2424 MANATEE AVE W SUITE 205
Address

BRADENTON FL 34205
City/State and Zip Code

SANDRA @ SANDRAJWILLIAMS CPA. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA J WILLIAMS at (941) 722-6880
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

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 FL
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BOLLETTIERI RESORT VILLAS CONDOMINIUM
2. The principal office address: 3604 54TH DR W ASSOCIATION INC.
K101, BRADENTON FL 34210
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 7/23/95 Document number: 1197000004217

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)

GRIMES, Deborah GRIMES HANKINS GLADFELTER
+ GRIMES PA
1023 MINNIE AVE W
BRADENTON FL 34205

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

SHAWN B BROWN
FRAZIER + BROWN
202 S ROME AVE SUITE 125
TAMPA FL 33606
P.O. Box NOT acceptable

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.

Lisa A Nallock
Signature of an officer or director

Vice President
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]
Signature of Registered Agent

11/16/18
Date

If signing on behalf of an entity:

Shawn Brown
Typed 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)