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COVER LETTER

Amendment Section Division of Corporations

TO:

CVID VD CO	Model Village Unit O	ne Inc			
SUBJECT: Model Village Unit One, Inc. Name of Corporation					
DOCUMENT NUMBER:	7178	344			
The enclosed Statement of Cha	ange of Registered Office/Age	nt and fee are submitted for filing.			
Please return all correspondence	ce concerning this matter to the	e following:			
Karen Hearn					
	Name of Contact F	'erson			
	Miraolo Proporty Ma	nagoment			
Miracle Property Management Firm/Company					
	267 No. Collier Blvd. Suite 201				
	Address				
	. 5.				
Marco Island, FL 34145 City/State and Zip Code					
·	City/State and Zip	Code			
karen@mpm-fl.com					
E-mail address: (to be used for future annual report notification)					
For further information concer	ning this matter, please call:				
Karen H	learn at i	239 970-2747 Area Code & Daytime Telephone Number			
Name of Conta	ct Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check ma	de payable to the Department	of State.			
Amer Divis	ng Address: ndment Section ion of Corporations	Street Address: Amendment Section Division of Corporations			
	Box 6327	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

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

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement 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.	
. The name of the corporation: Model Village Unit One, Inc.	
. The principal office address: 267 No. Collier Blvd., Suite 201, Marco Island, FL 34145	
. The mailing address (if different): P.O. Box 1123, Marco Island, FL 34146	
. Date of incorporation/qualification: 01/07/1970 Document number: 717844	
Date of incorporation/qualification: 01/07/1970 Document number: 717844 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) New Beginnings	, ~.
New Beginnings	
950 N. Collier Blvd., 420	100°
New Beginnings 950 N. Collier Blvd., 420 Marco Island, FL 34145	RAIN
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TA.
Miracle Property Management	
267 No. Collier Blvd. Suite 201	
P.O. Box NOT acceptable	
Marco Island, FL 34145	
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Ralph Scumacci, President Ralph Scumacci, President Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performanc f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if thi ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	e s ?
September 9, 2009 Signature of Registered Agent Date	
f signing on behalf of an entity:	
Miracle Property Management Typed or Printed Name	

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