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Amendment Section Division of Corporations TO:

Name of Contact Person	Area Code & Daytime Telephone Numbe
Ryan S. Grazi, Esq.	at (772)286-0200 Area Code & Daytime Telephone Numbe
For further information concerning this matter,	please call:
E-mail address: (to be used for future annuc	al report notification)
rgrazi@gglawyers.com	
City/State and Zip Code	
STUART, FL 34994	
Address	**************************************
217 SE OCEAN BLVD.	
Firm/Company	
GRAZI & GIANINO, LLP	
Name of Contact Person	
RYAN S. GRAZI, ESQ.	
Please return all correspondence concerning thi	s matter to the following:
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
DOCUMENT NUMBER: 718400	
. talle or corporation	
Name of Corporation	

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04-13)

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or	organized under the law:	s of the State of Florida	1	
The name of: The principal	he corporation: RUSTIC ACRES P office address: 535 SW RUSTIC CI	ROPERTY OWNERS AS RCLE, STUART, FL 3499	SOCIATION, INC.		
3. The mailing a	ddress (if different): same				
	poration/qualification: 04/27/1970	Document nu	ımber: 718400		
5. The name and	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered			
	Deborah L. Ross, Esq.			91	
	c/o Ross Earle Bonan & Ensor, P.A.			199 F.F	
789 SW Federal Hwy, Suite 101, Sltuart, Fl. 34994				9n <u>99</u> KAY -3	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office			PM 2:	
	Ryan S. Grazi, Esq.	<u></u>		ţ2	
	Grazi & Gianino, LLP				
	P.O. Box NOT acceptable 217 SE Ocean Blvd., Stuart, FL 34994				
The street address changed will	ess of its registered office and the be identical.	street address of the bus	iness office of its regi	stered agent,	
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has be	dopted by its board of di een notified in writing of	rectors or by an office the change.	er so	
ghan.	Ban~	Marc Bozone, Pr	esident		
_	fe of an officer or director		d or typed name and title		
Thereby accept Thirther agree of my duties, ar document is bed corporation be	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ng filed merely to reflect a chang the protitied in writing of this c	ent and agree to act in to ill statutes relative to the he obligation of my post e in the registered office hange.	his capacity, proper and complete non as registered age address. I hereby cor	performance nt. Or, if this yirm that the	
		4-25-22	4-21-22		
If signing on be	half of an entity:		12 ms		
Grazi & Gianine					
	yped or Printed Name	-			

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