728896

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
(Chyloddorelph Hone ny									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Business Linky Numb)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

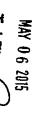




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14 APR 28 PK 11: 47



COVER LETTER

то:	Registration Section Division of Corporations									
SUBJE	Williamsburg Village North Homeowners Association, Inc.									
	Name of Limited Liability Company									
Dear Si	ir or Madam:									
The en	closed Registered Agent/Registered Off	ice Change and f	fee(s) are submitted for filing.							
Please	return all correspondence concerning the	is matter to the f	following:							
	Name of Person		_							
Faro 8	& Crowder, P.A.									
	Firm/Company	<u> </u>	_							
1801	Sarno Road, Suite 1									
	Address		_							
Melbo	ourne, Florida 32935									
	City/State and Zip Code		_							
jcrowo	der@farolaw.com									
Е	-mail address: (to be used for future ann	ual report notific	cation)							
For fur	ther information concerning this matter,	please call:								
J. Chr	ristopher Crowder, ESQ	321	784-8158							
	Name of Person		Area Code & Daytime Telephone Number							
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:										
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy							
INHS18	3 (2/14)									

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Williamsburg Vi	illag	ge Nor	th Ho	omeowners Associat	ion, I	nc.
2. (a)	Williamsburg Village North Homeowners Association	((b) c/c	ВР	Davis		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	(5)		Mailing address of limited lia	-	
	50 Needle Blvd, Unit 208		198	80 N.	. Atlantic Ave #701		
	Merritt Island, FL 32952		Co	coa l	Beach, FL 32931		
	2/21/1974		728	896			
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Faro & Crowder, P.A.						
	Registered Agent and Registered Office shown on the records of the	Flor	rida Dept.	of Stat	de:		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRE	<u>(SS)</u>		_	1,4	Lio
	503 N. Orlando Ave, Suite 201					R. A.	
	Cocoa Beach ,FL 32	293	31		_	76 28	÷.
(b)	Faro & Crowder, P.A.			-	_	7	* ; *
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-		 :
	NEW Registered Office Address:				_		
	1801 Sarno Road, Suite 1						
					_		
	Melbourne , FL 32	293	35		_		
the cha agent w was/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the operating agreement of the limited limited limited agreement of the limited agreement of the limited li	e re ility the l	gistered compar imited l	l offic ny, it i iabilit	e and the business office is hereby confirmed that by company or as otherw	e of the the ch	e registered ange(s)
<u> </u>		J	. Chris	tophe	er Crowder, ESQ		
_	rure of a member of authorized representative of a member				Printed or typed name of si	_	
I neret provision the oblit to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided for by reflect a change in the registered affice address, I her I in writing of this change.	to e erfor for in reby	act in the mance of Chapt confirm	is cap of my er 60: n that	pacity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comp with ent is pany l	ly with the and accept being filed has been
Signatu	recti-Registered Agent						