743179

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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(Business Entity Name)							
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I ALBRITTON

COVER LETTER

	nendment Section vision of Corporations	
SUBJECT	: Olympus Village, INC. Name of Corporation	
	Nume of Corporation	
DOCUME	NT NUMBER: 743179	
	ed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please retur	rn all correspondence concerning this matter to the following:	
	SARY BUDD Name of Contact Person	
	CREST MANAGEMENT GROUP INC.	
	Firm/Company	
	6413 CONGRESS AVE. SUITE 100	
	Address	
	BCCA RATZIN, H. 33489 City/State and Zip Code	
	GBUDDECRESTMANAGEMENTERUU	P. COM
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Name of Contact Person at (561) 994-2334 Area Code & Daytime Telephone N	/
	Name of Contact Person Area Code & Daytime Telephone N	lumber
Enclosed is	s a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	<u>;</u>

Tallahassee, FL 32301

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

statement of cha- in order	provisions of section nge is submitted for r to change its regi	or a corporatio istered office o	n organized w r registered as	nder the la gent, or bo	ws of the Sta th, in the Sta	ite of <u>FLO</u> i ite of Florida.	<u> 21 DA</u> 1.	_
1. The name of t	he corporation:	0/4/11/1	15 VIII	A-6E,]	INC.			
2. The principal	office address:	800 A	RATOA	55 A-0	1E SU 33481	1TE 100 7)	
3. The mailing a	ddress (if different	-	SAME	ADDRES	5			
						EMENT		<u> </u>
4. Date of incorp	oration/qualificati	on: <u>#6/08</u>	3/1978	Document	number:7	143179	<u> </u>	
	street address of t tment of State: (If		resigned)	nd register	ed office on	file with the		
	//382	PROSPE	ERITY FI	AR1451	Rd. Sui	TE 22.7	7	
	PALM	BETHCH C	ARDENS,	F1. 3	3410			
6. The name and (if changed):	street address of t	ST MA	NA-RENIE	NT C	SROUP.	red office	2018 AUG 16 AM 10: &	TI
	6413	CONE	RESS F	tuE.	SUITE	1001	6 3	E
	BoxA	P.O.	Box NOT acceptable $F/=3$	ile 3 <i>4-Ei7</i>		FLORII	10: 65	
The street addre as changed will	ss of its registered be identical.	office and the	e street addres	s of the bu	isiness office	e of its regist	tered age	ent.
Such change wa authorized by th	s authorized by re e-board, or the cor	solution duly a poration has l	adopted by its been notified i	board of on writing of	directors or b	oy an officer e.	so	
Signatur	e of an officer or directo	ul	_ <u>H</u>		CORNELL ed or typed name	C - PRES	•	_
I further agree to performance of t agent. Or, if this	the appointment a o comply with the my duties, and I a s document is bein that the corporation	provisions of m familiar wit ng filed merelv	all statutes re h and accept i to reflect a c.	lative to th he obligat hange in t	ie proper an ion of my po he registered	d complete osition as rev	gistered ess. I	
J. Sien	andre of Registered Aper		-	7/24	/18			-
If signing on bel	nalf of an entity:				· · · · · ·			
GAR	BUSS ped or Printed Name		-					
• 7	,							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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