

749294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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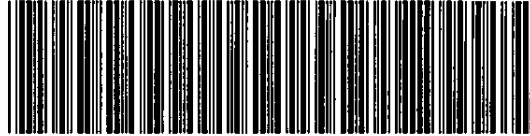
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Veterans Villas I Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 749294

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. (See back)

Please return all correspondence concerning this matter to the following:

Theresa Ann Torchin

Name of Contact Person

Veterans Villas I Homeowners Association Inc

Firm/Company

2947 Wainwright Court

Address

New Port Richey, FL 34655

City/State and Zip Code

Veteransvillasmail@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Ann Torchin

Name of Contact Person

at (727) 376-0865

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

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TALLAHASSEE
SECRETARY OF STATE

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

1. The name of the corporation: Veterans Villast Homeowners Association, Inc
2. The principal office address: 2947 Wainwright Court
New Port Richey, FL 34655
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/12/79 Document number: 749294

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)

Theresa Ann Torchin
3123 Chalon Street
New Port Richey, FL 34655

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

Theresa Ann Torchin
9047 Arundle Place
P.O. Box NOT acceptable
New Port Richey, FL 34655

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.

Theresa Ann Torchin
Signature of an officer or director

Theresa Ann Torchin, 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.

Theresa Ann Torchin
Signature of Registered Agent

8/11/16
Date

If signing on behalf of an entity:

Theresa Ann Torchin
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)