

765246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

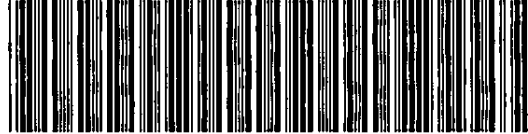
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AND FINANCIAL
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C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villa D'Este Section B Condo. Assoc. Inc
Name of Corporation

DOCUMENT NUMBER: 765 246

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

Please return all correspondence concerning this matter to the following:

Gail Coop
Name of Contact Person

Firm/Company

104 Capri Isles Blvd - Office
Address

Venice, FL 34292
City/State and Zip Code

gailcvdeb@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Coop at (941) 408-9267
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

CK # 216

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

**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: Villa D'Este Section B Condo Assoc. Inc
2. The principal office address: 104 Capri Isles Blvd. - Office
Venice, FL 34292
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/30/1982 Document number: 765246

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)

Capri Property Management, Inc
8108 Pinebrook Rd.
Venice, FL 34285

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

Villa D'Este B Section B - Gail Cap
104 Capri Isles Blvd. - Office
Venice, FL 34292

P.O. Box NOT acceptable

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.

Gail Cap
Signature of an officer or director

Gail J. Cap 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.

Gail Cap
Signature of Registered Agent

11/2/15
Date

If signing on behalf of an entity:

Gail Cap
Typed or Printed Name

CK #216

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314