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Amendment Section

TO:

Division of Corporations SUBJECT: Holiday Village Association DOCUMENT NUMBER:_ 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: City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 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

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.		of
1. The name of	he corporation: iday Village Association, Tinc.	
2. The principal		
	ddress (if different): WA	_
_	poration/qualification: 5/24/1993 Document number: 676228	_
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Jonathan James Damante, PA	
	12110 Seminole Bouleaned	mi bar
	12110 Seminole Boulernord St. S. Jango, FL 33778	11
6. The name an (if changed):		
	Erica Lynn Peterson # -	
	102 Fernwood Circle P.O. Box NOT acceptable	
	Seminale FL 33777	
The street address changed will	ss of its registered office and the street address of the business office of its registered agent be identical	t,
Such change wa	s authorized by resolution duly adopted by its board of directors or by an officer so	
Marias	e board, or the corporation has been notified in writing of the change. MARIANNE Murauscus - Secretor Printed or typed name and title	į ¢ ~(
I further agree to of my duties, and document is bei	he appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if the Installation of the graph of the change in the registered office address. I hereby confirm that the Installation been notified in writing of this change.	is
\bigcirc	1 21 :- 1-1	

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 (04/13)