PAGE

Florida Department of State

Division of Corporations Public Access System

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(((H06000120466 3)))

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: I20000000195 Phone (850)521-1000 Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

503 VILLA REGINA, INC.

Certification Ce

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

Help

H06000120466 3

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

statement of cha	provisions of sections 607 0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	 ·
in orde	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: 593 VILLA REGINA, INC.	
	office address: One N Clematis Street, West Palm Beach, FL 33401	
3. The mailing a	address (if different): PO Box 4297, West Palm Beach, FL 33402	
4. Date of incorp	poration/qualification: March 12, 1990 Document number: L57316	
	d street address of the current registered agent and registered office on file with the timent of State:	
	Frank L. Chopin	
	One N Clematis Street	
	West Palm Beach, FL 33401	06 x
6 The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	N -1
	Corporation Service Company	2
	1201 Hays Street	1 2
	(P.O Box NOT scorptable)	ည
	Tallabassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent be identical.	t,
Such change wa anthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be goard, or the copporation has been notified in writing of the change.	
(Signato	ugot an officer of director) residual Frederick J. Tans. 11, President (Printed or typed name and tale)	
I hereby accept I further agree to of my duties, an document is bed corporation has	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete performance d i am familiar with and accept the obligation of my position as registered agent. Or, if the fight merety to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change	ce is e
By	Service Company (Cate) Service Company (Cate) Service Company (Cate) (Cate)	4
If signing on bel	half of an entity:	
	noy, Asst. Vice President	
(T	yped or Printed Name)	
	* * * FILING FEE: \$35,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)