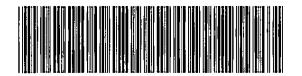
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TO:	Amendment Section Division of Corporations
SUBJ Name	ECT: THE MARGUERITA VILLAS HOMEOWNERS' ASSOCIATION, INC. of Corporation
DOC	UMENT NUMBER: N00000004600
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
Aethu	r E. Lewis. Esq.
	of Contact Person
	r, Aboud, Poliakoff & Foelster
	Company
400 S.	Dixie Highway, Suite 420
Addre	288
Boca	Raton, FL 33432
City/S	State and Zip Code
	alewis@baptlaw.com
E-ma	nil address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
Arthu	r E. Lewis, Esq. at (561) 361-8535 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	<u> </u>	_
	he corporation: THE MARGUERITA VILLAS HOMEOWNERS' ASSOCIATION, IN	IC.	
2. The principal	office address: 4697 MARTHA LOUISE DRIVE EACH, FL 33417		<u> </u>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/12/2000 Document number: N00000004600		
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	15 17	2022
	Arthur Lewis, Esq.	:.	(?) [].
	600 CORPORATE DRIVE SUITE 500		22
	FORT LAUDERDALE, FL 33334		. <u>A</u> .
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	· E bases	7: 1;14
	Arthur E. Lewis, Esq.		
	Backer, Aboud, Poliakoff & Foelster		
	P.O. Box, NOT acceptable		
	400 S. Dixie Highway, Suite 420, Boca Raton, FL 33432		
as changed will	ess of its registered office and the street address of the business office of its regis t be identical.		ent.
Such change wa authorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	т 80	
	Sandra Mannin, President		
Signate I hereby accept I further agree of my duties, and document is he	t the 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 and I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address, I hereby const been notified infwriting of this change.		
	gnature of Registered Agent September 15	LO	<u> </u>
	ehalf of an entity:		
<u> </u>	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)