## NOIQUU 3504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Elp/r Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600302700726

08/18/17--01014--021 \*\*35.00



C. GOLDEN AUG 2 3 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: August 16, 2017

Order#: 750938/043

Re: TUSCANY VILLAGE VACATION SUITES OWNERS ASSOCIATION,

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

		0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this praction organized under the laws of the State of Florida	
		fice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: TUSCANY	VILLAGE VACATION SUITES OWNER ASSOCIATION, INC.	
		20 Way, Orlando, Ft. 32821	_
			_
3. The mailing a	address (if different): 5323 N	Millenia Lakes Boulevard, Suite 120, Orlando, FL 32839	_
4. Date of incor	poration/qualification:05/1	4/2001 Document number: N01000003504	_
5. The name ан Florida Depar	d street address of the curren rtment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)	
	Marc Neu		
	5323 Millenia Lakes Boule	vard, Suite 120	
	Orlando, FL 32839		
6. The name and (if changed):	I street address of the new re	gistered agent (if changed) and /or registered office	5
	Corporation Service Comp	any 5	
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	
		P.O. Box NOT acceptable	
	Tallahassee	Ft. 32301	
The street addre	ess of its registered office an be identical.	nd the street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution de board, or the corporation	fully adopted by its board of directors or by an officer so has been notified in writing of the change.	
Va.OH	T of an officer or director	Meil Hutchinson Secretary	
rerjormance of this gent. Or, if this sereby confirm t	s document is being filed m	ed agent and agree to act in this capacity, so fall statutes relative to the proper and complete so the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I municified in writing of this change.	
By: Ce	um Kell	08/15/2017	
	ature of Registered Agent	Date	
	nalf of an entity;		
<del></del>	Asst. Vice President		
1 1 1	ped or Printed Name		

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