(Requestor's Name) (Address)		90016	 2
(Address)		(ラ
(City/State/Zip/Phone #)	:	9001 11/17/09() 52)10
(Business Entity Name)			
(Document Number)		· •	,
Certified Copies Certificates of Status and a second copies		; :	(, - *
Special Instructions to Filing Officer:			

Office Use Only



2**19447**9)23--020 **315.00

COVER LETTER

TO:	Amenda Division	ment Section n of Corporations				
SUBJ	ECT:	Vizcaya Heig	hts Condomir Name of Co	nium Association,	Inc.	
DOC	UMENT 1	NUMBER:	N010	000005445		
The e	nclosed St	atement of Change of	f Registered Office	/Agent and fee are subn	nitted for filing.	
Please	return all	correspondence con	cerning this matter	to the following:		
			Anthony S	Sobiech tact Person		
			Centurian Group Firm/Co			
	P.O. Box 560698					
			Addr	ess		
			Orlando, FL :	32856-0698 d Zip Code		
		E-mail address:	(to be used for fu	gmail.com ture annual report not	tification)	
For fu	rther infoi	rmation concerning th	nis matter, please ca	all:		
		Anthony Sobied	:h	at (407)	207-1102 rtime Telephone Number	
)	Name of Contact Pers	son	Area Code & Day	time Telephone Number	
Enclo	sed is a \$3	5.00 check made pay	able to the Departi	nent of State.		
		Mailing Add Amendmen Division of P.O. Box 63 Tallahassee	Corporations 327	Street Addres Amendment I Division of C Clifton Build 2661 Executi Tallahassee	Section Corporations ling ive Center Circle	

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

statement of cha	provisions of sections 60 nge is submitted for a co n to change its registere	orporation organize	d under the laws of t	he State of Flo	orida	nis	- \
• •	r to change its registered						
	he corporation: Vizca	_		<u>5500ialion</u> }	<u>, IIIC.</u>		
2. The principal	office address. 54 W. Orland		t, Unit E				
3. The mailing a		P.O. Box 5606	98				
· ·	`	Orlando, !FL	32856-0698				
4. Date of incorp	oration/qualification:		Document numbe	er: NO	10000	05445)
	street address of the cur tment of State: (If resign		nt and registered office	ce on file with	the		
	Anthony Sobiech						
	709 E. Michigan S	t					
	Orlando, FL 3280	6					
6. The name and (if changed):	street address of the nev	w registered agent (if changed) and /or re	egistered office	TAE	200	
	Anthony Sobiech				CRET	7009 NOV	Π
	54 W. Illiana St, Ur				TARY A:SSE	17	
	Orlando, FL 32806	P.O. Box NOT ac	ceptable		EF ST	PH 4:	
The street addre	ss of its registered offic be identical.	e and the street ad	dress of the business	s office of its r	zo egister		t,
Such change wa authorized by th	s authorized by resolut e board, or the corpora	ion duly adopted b tion has been notif	y its board of directed in writing of the	ors or by an of change.	fficer so)	
Signatur	e of an officer or director		STEUO >	Mayer ped name and title	-	Pre	ट्या
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg o comply with the prov d I am famfliar with an ng filed meryly to reflec been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	igree to act in this c s relative to the pro tion of my position egistered office add	apacity. per and compl as registered a ress, I hereby	lete per agent. (confirn	forman Or, if th n thát th	ce iis ie
	enture of Registered Agent			0/26/09 Date			•
If signing on bel	half of an entity:						
	Anthony Sobiech Viped or Printed Name						

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