NO200008405

| (Rec | uestor's Name) | |
|---------------------------|------------------|-----------|
| (Ádc | Iress) | |
| (Add | Iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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COVER LETTER

| TO: Amendmen Division of | nt Section Corporations | |
|--------------------------|---|--|
| SUBJECT: | The Varese Condomini | um Association, Inc. |
| DOCUMENT NU | MBER:N02 | 000008405 |
| The enclosed Stater | nent of Change of Registered Offic | ee/Agent and fee are submitted for filing. |
| Please return all con | respondence concerning this matte | er to the following: |
| | Glenn J. Ba | llenger Esa |
| - | Name of Co | llenger, Esq. ontact Person |
| | | |
| | | aw Firm, P.A. |
| | Firm/C | ompany |
| | 000 4 | 0.1.0: |
| | | Rode Drive |
| | 714 | |
| | Nanles Fir | orida 34103 |
| | City/State a | orida 34103 nd Zip Code |
| | glenn@glennb | pallenger com |
| | E-mail address: (to be used for the | future annual report notification) |
| | | |
| For further information | tion concerning this matter, please | call: |
| (| Glenn Ballenger | at (239) 263-0775 |
| | e of Contact Person | at (239) 263-0775 Area Code & Daytime Telephone Nomber |
| Enclosed is a \$35.00 | O check made payable to the Depar | tment of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |
| | | Tallahassee, FL 32301 |

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 | | |
|--|----------|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. | | |
| 1. The name of the corporation: The Varese Condominium Association, Inc. | | |
| 2. The principal office address: 1601 Curlew Avenue, Naples, Florida 34102 | | |
| | | |
| 3. The mailing address (if different): 1626 Amity Road, Rydall, PA 19046 | | |
| 4. Date of incorporation/qualification: 10-29-02 Document number: | _ | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | | |
| Kraus & Ballenger, P.A. | | |
| 1072 Goodletted Road North | | |
| Naples, Florida 34102 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| Ballenger Law Firm, P.A. | | |
| 826 Anchor Rode Drive | | |
| P.O. Box NOT acceptable | | |
| Naples, Florida 34103 | | |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. | | |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. | | |
| Coulston S. Heway Treasurer Printed or typed name and title | — | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | | |
| Signature of Registered Agent Date | | |
| If signing on behalf of an entity: | | |
| GURNN J. BAUENGER Typed or Printed Name | | |

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