N03000002434

(Requestor's Name)						
(Address)						
(Addross)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Sounded Link, February						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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08/17/20--01031--013 **35.00

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The coloration

COVER LETTER

TO:	Amendment Section Division of Corporations	
e1.1.11	JECT: VILLAGE DEL MAR CONDOMINIU	M ASSOCIATION, INC.
SUBJ Name	of Corporation	
DOC	UMENT NUMBER: N03000002434	
		Office/Agent and fee are submitted for filing.
	e return all correspondence concerning this	
SHA	UN PATTERSON	
Name	e of Contact Person	
JILS/	a management, LLC	
Firm	/Company	 -
2054	VISTA PARKWAY, STE 400	
Addr	ess	
WES	T PALM BEACH, FL 33411	
City/	State and Zip Code	
	SHAUNPATTERSON@JILS	
E-ma	ail address: (to be used for future annual	report notification)
For f	iurther information concerning this matter, p	please call:
SHA	UN PATTERSON	at (561) 544-1122 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Encle	osed is a \$35.00 check made payable to the	Department of State.
	Muiling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sta $_{ m FL}$ organized under the laws of the State of $_{ m FL}$ registered agent, or both, in the State of Flor	ORIDA	is 	
		R CONDOMINIUM ASSOCIATION, INC.			
1. The name of t	the corporation:	MENT 2054 VISTA PARKWAY STE 400			_
= =	office address: CO JILA WANAOL.	MENT, 2054 VISTA PARKWAY, STE. 400.			_
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 03/19/2003	Document number: N030000024	‡34 ——-	 _	
5. The name and Florida Depar	I street address of the current registerument of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the		
	PAUL A. MCKENNA & ASSOCIA	TES, P.A.			
1360 S Dixie Hwy# 100					
	MIAMI, FL 33146		PAL)20 AL	-T
6. The name and (if changed):		d agent (if changed) and /or registered offic	TARY O	2020 AUG 17 PM	
	KRAVIT LAW, P.A.		SEE'S	ž	
2101 NW CORPORATE BLVD., STE 410					
P O. Box NOT acceptable					
	BOCA RATON, FL 33431				
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its i	registere	ed agen	ı t ,
Such change wanthorized by the	as authorized by resolution duly ad he board, or the corporation has be	lopted by its board of directors or by an of en notified in writing of the change.	fficer so		
Signatu	re of an officer or director	Shaw Pattern autte	5 <u>-</u>	049	بوق
I further agree of my duties, ar document is be	to comply with the provisions of all	ent and agree to act in this capacity. Il statutes relative to the proper and comp e obligation of my position as registered of in the registered office address, I hereby ange.	lete perj agent. (confirm	forman Or, if the that th	ce us ie
		6/18/20			_
Si	mature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
CORY KRAVIT					
7	Smed or Printed Name				

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