

N030000009492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100199469371

03/28/11--01008--012 **35.00

RA to City

FILED
11 MAR 28 AM 11:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

7.3-29-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas De Tuscany Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03000009492

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bridgette E. Bonet, Esq.
Name of Contact Person

Association Law Group, P.L.
Firm/Company

1666 Kennedy Causeway, Suite 305
Address

North Bay Village, FL 33141
City/State and Zip Code

bbonet@algpl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridgette E. Bonet, Esq. at (305) 938-6922 x 140
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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: Villas De Tuscany Condominium Association, Inc.
2. The principal office address: 731 SW 148 Avenue, Sunrise, FL 33325
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/03/2003 Document number: N03000009492
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)

Victory Accounting Service

1500 Gateway Boulevard, Suite 220

Boynton Beach, FL 33426

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Association Law Group, P.L.


1666 Kennedy Causeway, Suite 305

P.O. Box NOT acceptable

North Bay Village, FL 33141

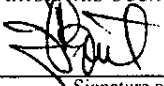
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director


ICER PALACIO PRESIDENT
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

3/18/2011
Date

If signing on behalf of an entity:


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

