## ND3000010243

(Re	questor's Name)			
(Ad	ldress)			
		,		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	- #\		
(Cit	ty/State/Zip/F110116	<del>5 # )</del>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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TÄLLAHASSEE: FLORIDA

RD (M8)

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJ	JECT: Villa Calabria Condominium Association, Inc. Name of Corporation				
DOC	UMENT NUMBER: N03000010243				
The e	enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	Stuart J. Nunez, Esq. Name of Contact Person				
Persaud & Nunez					
	Firm/Company				
	10631 N. Kendall Drive, Suite 205				
	Address				
	Miami, FL 33176 City/State and Zip Code				
	snunez@persaudlaw.net E-mail address: (to be used for future annual report notification)				
	E-man address. (to be used for fattire annual report notification)				
For ft	urther information concerning this matter, please call:				
	Stuart J. Nunez, Esq. at (305) 273-4200  Name of Contact Person Area Code & Daytime Telephone N	ļ			
	Name of Contact Person Area Code & Daytime Telephone N	lumber			
Enclo	osed 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	e			

Tallahassee, FL 32301

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

statement of chang	rovisions of sections 607.0502, 617.0502, 607.15 ge is submitted for a corporation organized unde to change its registered office or registered agen	er the laws of the State o	f Florida			
1. The name of the	e corporation: Villa Calabria Condomi	nium Association	n, Inc.			
2. The principal of	2. The principal office address: 20 Calabria Avenue, Coral Gables, FL 33134					
3. The mailing add	dress (if different):					
4. Date of incorpo	oration/qualification: 11/21/2003 Do	cument number:	N03000010243			
	street address of the current registered agent and ment of State: (If resigned, enter resigned)	registered office on file	with the			
<u> </u>	STUART J. NUNEZ, ESQ.		a. 5			
3	201 N. KROME AVENUE, SUITE 200		- 18 AUG 19			
<u>1</u>	HOMESTEAD, FL 33030		_			
6. The name and s (if changed):	street address of the new registered agent (if char	nged) and /or registered	office 3			
<u>.</u>	STUART J. NUNEZ, ESQ PERSAUL	8 NUNEZ				
10631 N. KENDALL DRIVE, SUITE 205						
,	P.O. Box NOT acceptable MIAMI, FL 33176					
-		a				
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 the	s authorized by resolution duly adopted by its to board, or the corporation has been notified in	poard of directors or by writing of the change.	an officer so			
	Real M.					
I hereby accept to I further agree to of my duties, and document is bein corpordtion has	he appointment as registered agent and agree to comply with the provisions of all statutes relayed am familiar with and accept the obligation of gliled werely to reflect a change in the registed been notified by writing of this change.	to act in this capacity. itive to the proper and co of my position as registe ered office address, I he	complete performance ered agent. Or, if this ereby confirm that the			
	ature of Registered Agent	8 13 3010 Date				
If signing on beh	ped 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
CR2E045 (8/05)